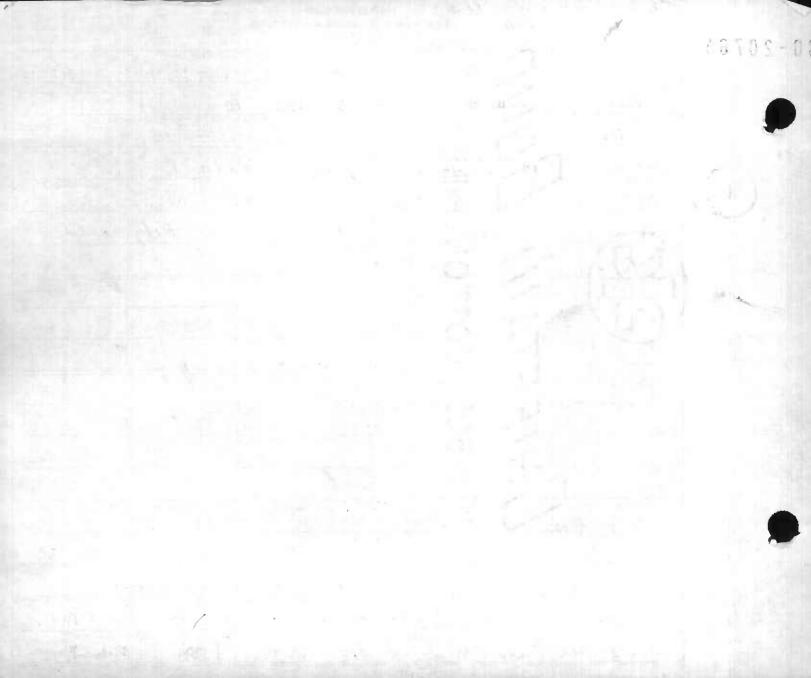
STATE	OF	MARYL	AND

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	REG. NO.			

H	1-	STATE REGISTRAR		DEFARIA	CERTIF	ICATE OF DEATH	3	REG. NO.	2.10	3 6
2		CEASED NAME FIRST	MIC	DOLE	L.	AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR O
1	L	ester	John		Aar	ON	Octo	ober a:	31986	IAM
ı	3. SEX		4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Ш	1	Male	Whit	е	04	13 43	42	YRS		
2		THPLACE (STATE OR FOREIGN	16 CITIZEN OF W	HAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
7		Maryland	USA		WIDOWE		. /	imore C	itv	MD.
A	IB. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKING	126 KIND O	F BUSINESS OR
/	-	Baltimore /		Deaton		cal Center	Transer	iture.	THE HADOSIKI	
7		L RESIDENCE IN III RSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)			DDDESS / 7ID CC	DF.	
2	140.5	120000	lto.	3c. CITY OR TOWN		YES NO T	1207	DDRESS / ZIP CC Middle	orough	Rd.2122
0	IA FA	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN N	IAME			
51	1)0	Charles	D.	Aaron		Shirley		E.	unk	nown
	160 V	AS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		110 W.1
h	.0	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-38-	7117	Shirley .	Aaron <sub>12</sub>	207Middl	Leborou	ahRd.
		18 CAUSE OF DEATH (Enter an	ly one cause per lu	ne for (a), (b), and	d (c).1					MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	So	condo						
		IMMEDIAT		AS A CONSEQUE	/\	ton sives				
۱		Conditions, if any, which	(b)	nalignax	A.	empyema.			mon	la
i		gove rise to immediate cause (a), stating the	DUE TO OR	AS AICONSEQUE	NCE OF	1/	6 1			
ij		underlying cause last.	(c)	Adenora	Wino	ma of	(P) ly		Mos	this.
H		PART 2 OTHER SIGNIFICANT O	ONDITIONS CON	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISE (SE	OR CONDITION (	GIVEN IN PART 1	a'
	N N									
ģ.	CERTIFICATION	TN DATE OF OPERATION	196. CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 206. IF	YES, WERE FINDIN	NGS USED
	五						YES 🗌	NO	YES [	NO [
5	CE	210. ACCIDENT WAS UNDERLYING			VEAD	21c. HOW INJURY OCCU	JRRED (ENTERNAT	URE OF INJURY IN ITEM	18 PART   OR PART 2)	
ŗ.		OR CONTRIBUTING CAUSE OF DEA	1177	. MONTH DA	19					
	MEDICAL	214. INJURY OCCURRED	21e. PLACE O	FINJURY		21f. LOCATION		CITY OR TOWN	COUNTY	STATE
	2	NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, F.	ARM, ETC )	SIRCET		CITY OK 10 WIG	-	STAIL
		220.1 certify that (1) (this hospi	tol) extended the	deceased from_	Ang	not als , 19 St	0 , to 0	4. 22	1986	that (I) (@Dast
		saw the deceased alive on	UG obe		86.0	nd that in (my) ( apinio	on death accurred	an the date and h	nour and fram the	couses stated
		77K SONATURE /	An	irei dedin.		DEGREE			22c. DATE	SIGNED
		Atomy 9 W	1	mo		MD ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN (SA	1 Infe	23/81-
7		HI HYSICIAN'S NAME (PPE O	R PE(HI)	1		22e ADDRESS		7		
		SWAN 5 D	AD BEDE	D in		DEATON	611 5	Charle :	2	PALTO
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	y 23d LOCA			11215
	(	Burial	10/27/			HillCemete	CITY	DR TOWN	COUNTY	STATE
		INERAL DIRECTOR				25a A	ATE RECED BY RE	GISTRAR 25b. REG	ISTRAR'S SIGNAT	URE
		onnellyFunera	1Home 3	ROOMACE	ATTO.	21221	61271	ACO Grane	indrigon	1.5
	CC	nmerryr uner a	THOME	OCTACO	11000			U		1

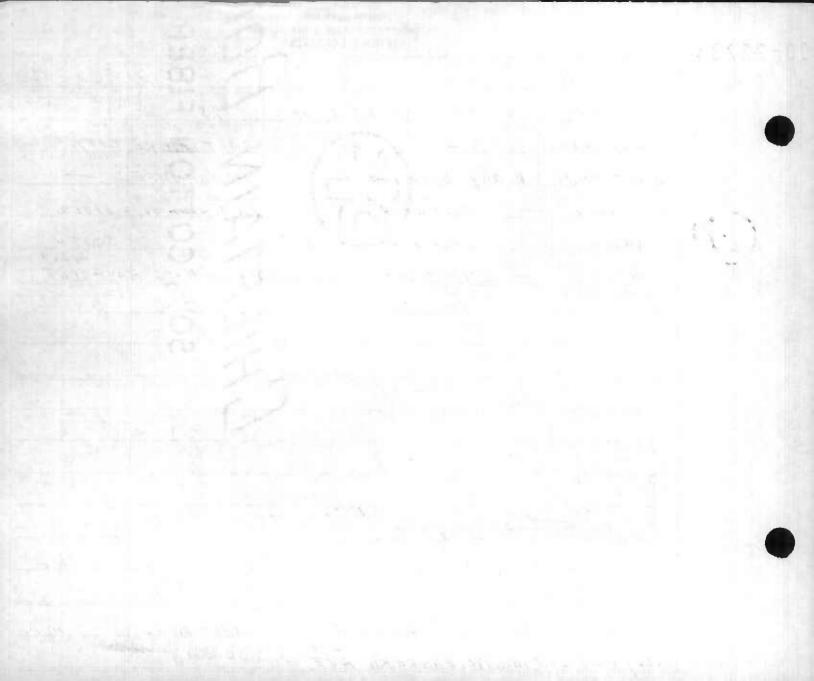
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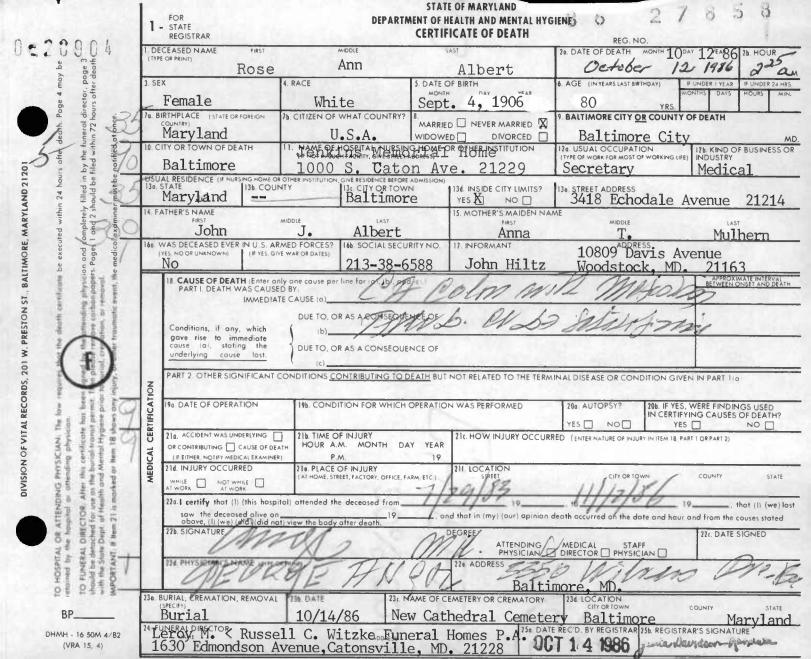
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n = '	20764	1.	FOR 10/17/86 STATE 10/17/86 REGISTRAR	DAD	DEPARTN		CATE OF I	MENTAL HYG DEATH	IENE 8 6	2. /	3 3 3
0	20104		CEASED NAME FIRST		W IDDI E	L	AST		20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
	poge 3		Luther		J.	A	bbott	190	October 1	2, 1986	3:10 pm
	r po	3. SE		4 RACE	ALES ALLERY	5. DATE O	F BIRTH	YFAR	6 AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
	ge 4		Male	Bla	ck	MONTH 5	5	1906	80	YRS	
	2 hou	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER /	MARRIED W	BALTIMORE CITY	OR COUNTY OF DEAT	Н
111	of or		Va.	US	A	WIDOWE		VORCED [	Baltimore	City	MD.
4	s often	0	ty or town of death  I timore		HOSPITAL, NURSIN HEACILITY, GIVE STREET		ROTHER INST	NOITUTION PS	120 USUAL OCCUPAT (TYPE WORK OR MOST OF	OF WORKING LIFE) INDUS	ND OF BUSINESS OR
4D 212	Na hour		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE	N	13d. INSIDE C		13e STREET ADDRESS	ARLington	21217.
ILAP		14 FA	THER'S NAME		Baki	0,		S MAIDEN NA		The Ling Ton	. 1700
IAR	In leading		MOKKIS	MIDDLE A	LA HAST		An	nes nes	WIDDLE	Fitzger	rald
Ä,	5000	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	165 SOCIAL SECU	RITY NO.	17 INFORMA		ADDR		
BALTIMORE	n ond Poge	(	(15 YES GI	VE WAR OR DATES)	213-09-						
BALT	ysicro opers vol.		18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), and	d (C) I				BE 1)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	on popularion on properties	3	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Probabl	e Sep	sis			THE WAR	
NO	th ce corb , or r		Mark / Teles	DUE TO, O	R AS A CONSEQUE	NCE OF				NEW YORK	
EST	deo	- 1	Conditions, if ony, which	(b)	Renal F	ailur	e		Edward Pie		
W. PRESTON ST	by the ose remail, cremo		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE Prostat		ncer				
DS, 201	quires to signed then ple to burid nijury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
DIVISION OF VITAL RECORDS,	n. nos been permit. In permit. Ms ony ii	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH			IN CER			IN CERTIFYING CA	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
ITAL	nysicio icote h ronsit Hygie 18 sho	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME O	F INJURY		21c HOW IN	JURY OCCURE	YES NO	YES TOP DAY	NO 🗍
OF V	SKCIAN: ng phys certifico iriol-froi entol H) litem 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR		John Occom	(EMIEN ANIONE OF MIC	AT IN TIEM TO CART TO A PAR	11 21
ON	PHYS ending this of the burner of Me	MEDICAL	21d INJURY OCCURRED	218 PLACE	OF INJURY	Dia 6151	21f. LOCATIO		CITY OR 10	OWN COUN	TY STATE
IVIS	otte otte s the h one	2	AL WORK AL WORK	(AI HOME SIE	CEL FACTORY OFFICE, FA	ARM EIC)	Since.				31716
0	A A A A A A A A A A A A A A A A A A A		220.1 certify that X (this hosp	ital) attended th	e deceased from _	Sept	ember 2	2719 86			. that (I) (we) lost
	Spiro CTO for of H	73	sow the deceased alive on above, 文 (we) (did) (教文)	OCTODE:	ofter death	86 , on	d that in (my)	(our) opinion (	death occurred on the d	ote and hour and from	n the couses stoted
	OR house		226. SIGNATURE	1			PEGREE				DATE SIGNED
	7 4 4 4		256-70	zu Ch	en				MEDICAL STA	CIANT /	2/12/86
	HOSPITA ouned by 1 FUNERA ould be de th the Stott		22d. PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRES	S			
	Shoull MPO		L/H-	JIAU					and General	Hospital	
	F IN	23a (	SELECT PROVAL	236 DATE	,	- 1	METERY OR	_	23d LOCATION	COUNTY	MATE
	BP		BURIAL	10/1	6/86 1	VI+C	alvei	ey an			Md.
	DHMH - 16 60M 7/84		INERAL DIRECTOR	-		6111	GIKH		REC'D. BY REGISTRAR		
	(VRA 15, 4)	-	ieff Miller	tunera	1 Home		21215		101 14 198	6 min	door Mindalle

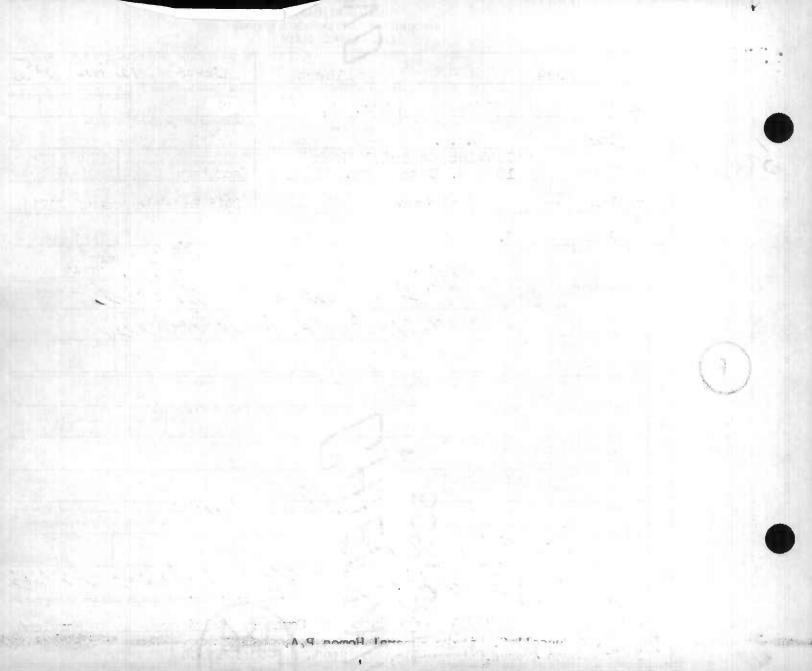


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			1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE & &	2 / 0 3 3
0.0		70	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
00-	198	10	I. DI	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
	9 6		(TYI	PE OR PRINT) XB MARY		ADAMSKI	OCTOBER 1	, 1986 5:20 P
	nay b		3. 51	Y	4 RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BIRTHE	
	4 m	Q"	7	2	0.0.0	MONTH DAY YEAR	02	MONTHS DAYS HOURS MIN.
1	eg pe		1	EMALE	CHUC.	12 12 93	70	YRS
	P 10	9 6	70 1	COUNTRY	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	eath ner	5 et	177	LAND	1 USA	WIDOWED DIVORCED	BALTIMORE	E alty MD.
	p	P	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
10	s of	1	ZK	Altimore	A CHURCH	HOSPITAL	Homemak	ER
212	ייסטר	40	USU	JAL RESIDENCE (IF NURSING HOME STATE 131 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		Les CEDETT ADDRESS /	IP CODE AVE
2	24	3	m	ARYLAND I	Paltin	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	FLMONT 2122
YLA	thin thin	1	14. F	ATHER'S NAME	NG 19111	15. MOTHER'S MAIDEN NA		
AAR	3 P	380	3	FIRS1	MIDDLE TUIEKA	LICZ UNERNOW	MIDDLE	LAST
m,	executed		16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	7612 Relow
AOR	exe		5	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-227 MPL CHICKLE	were Alman	While State
LTIA	e pe	E		NO	DN0-01	-0010 VIND. GENEY	GAB Under	APPROXIMATE INTERVAL
80	ficate	ovat nt, f		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b), o	ATORY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	g b	eve			IATE CAUSE (D)	HIOKI AKKESI		
NO	th ce	ofic			DUE TO, OR AS A CONSEQ.	UENCE OF HEART FAILUR		
EST	deal	fron, oum		Conditions, if ony, which	( CONGEST	IVE HEART FAILUR	Œ	
ox.	the the	em d		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
3	by by	oth o		underlying couse lost	(6)			
. 20	res	y, a		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
SOS.	inba ois u	to to	NO NO					
8	y bee	prio	7 8	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
8	hos hos	2 8 6	CERTIFICAT				YES NOW	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
VITA	Sicro	Hygin 18 sho	기품	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	
OF V	Phy phy	H E	7	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		
	r/SIC ring	Mental r Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e. PLACE OF INJURY	19 211. LOCATION		
NOISION	PHY tendi	nd M	ME		(AI HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
20	ING Toth	orke		AT WORK		17	7. 000000000000000000000000000000000000	BER 1 86
	N - OX	is a		22a.1 certify that (1) (this ha	spital) attended the deceased from			That (I) (we) lost
	ATTE ospite	2 9		sow the deceased alive above, (1) (we) (did) (did	on OCTOBER 1 19.	86, and that in (my) (our) opinion	death occurred on the date	e and hour and from the causes stated
	OR or ha	Pept		22b. SIGNATURE	Nan.	DEGREE		22c. DATE SIGNED
	AL O	T: #		H. Je.	//oremi	ATTENDING PHYSICIAN (	MEDICAL STAFF  DIRECTOR   PHYSICIA	IND 10/1/86
	SPIT J by	AN		224 PHYSICIAN'S NAME (14	PE OR PRINT)	22e ADDRESSCHURC	H HOSPITAL	CORPORATION
	House Bridge	MPORTAN		ATAOLLAH	NAZEMI MD.	100 NORTH	BROADWAY B	ALTIMORE, MD. 212
	5 g 5	IMPO A	230	BURIAL, CREMATION, REMOV	AL 23b DATE / 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP		17	ISPECIEVI A	10/4/8/ 1	Why Possey Non	PALL MA	COUNTY MY STATE
	DI		1	FUNERAL DIRECTOR	10/7/06 11	1250 DA	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE
	DHMH - 16		V	1 A 2 D D WALL	- Ibar DEA ADDRESS	1-1-L LL 21224	10 T C T 1002	was Dances - 10 mes
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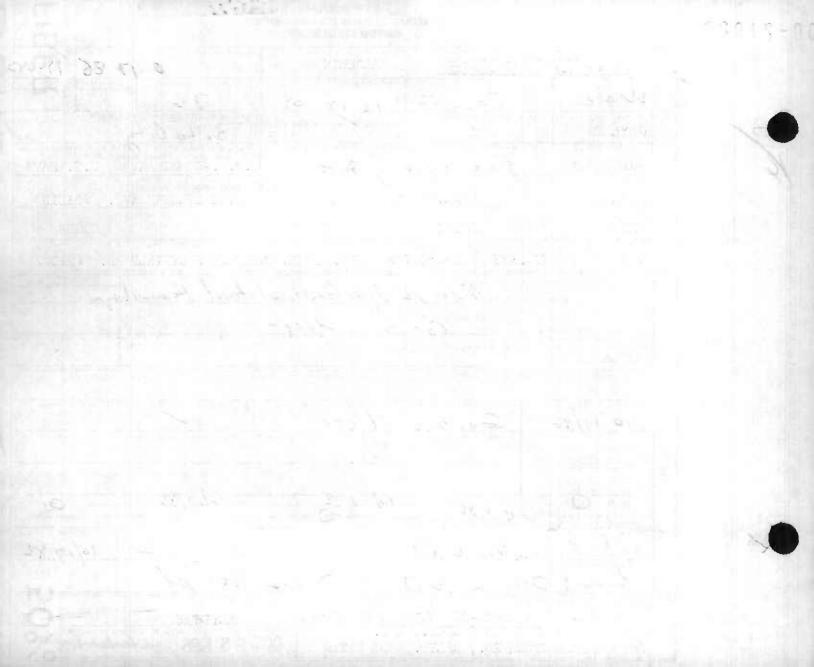




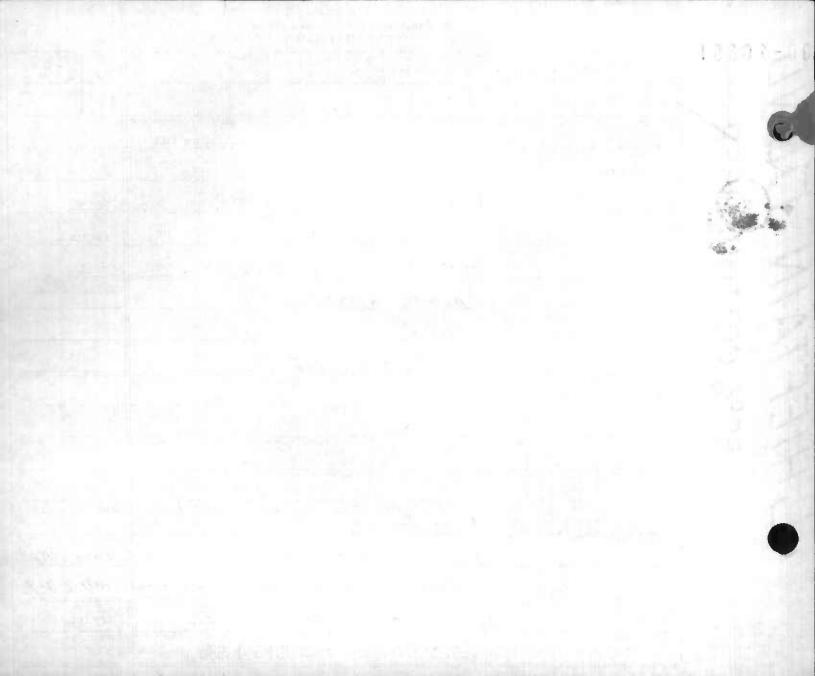


	1			STATE	OF MARYLAND		
	1.	FOR STATE	DEPART		EALTH AND MENTAL HYO	GIENE 3 6	2 7 8 0 1
2 1 9 MAY -7	7 05	REGISTRAR				REG. NO.	
~ ~ ~ £		CEASED NAME FIRST	MIDDLE		NST .	20. DATE OF DEATH MC	ONTH DAY YEAR 26 HOUR
page 3		Robeu		Al	leu	10	31 86 800 p N
or p	3. SE		4 RACE	5. DATE O	F BIRTH DAY YEAR	6 AGE IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
nect consider	10	lale	BIACK	5	6 22	64	YRS
or of the last	11	RTHPLACE (STATE OR FOREIGN	U.SA.	WIDOWE		Baltimore city or o	CI FY MD
filed with	10 CI	Sulto.	11. NAME OF HOSPITAL, NURSI		ROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	120 KIND OF BUSINESS OR PORKING LIFE) INDUSTRY
ould be	139 5	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS - Z	IP CODE St. 21213
ond 2 sh	14. FA	THER'S NAME	MIDDLE LAST.		IS MOTHER'S MAIDEN NA	ME	sale or.
	2	will	Alle	n	Hattie	WIDDLE	Hakling
Poges	16a V	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17 INFORMANT	ADDRESS	
S. Po		ES, NO ORIUNKNOWN) (IF YES, GI	239-20-	3011	Vuanita A	Hen 2208 E	· Biddle ST. 2125
oper ovol.		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), or	- 0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remo			TE CAUSE (0) Laudio p	muon	ay aurit		
n, or motiv			DUE TO, OR AS A CONSEQU	1 . 1	100	T 11 1	
trout		Conditions, if any, which gave rise to immediate	( 16) Mactarta	the u	ung lA G	I. bleed	
other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF			
01		PART 2 OTHER SIGNIEICANIT	(c)CONTRIBUTING TO	DEATH BUT A	LOT BELLYED TO THE YEAR		
to bu	20	The street of other carry	CONTINUE CONTINUE TO	DEATH	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
ou o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WASPERFORMED	200 AULOPSY? 2	Ob. IF YES, WERE FINDINGS USED
3 5 5 C	TE					YES NO NO	YES NO NO NO
Mental Hygin	Ü	210. ACCIDENT WAS UNDERLYING	THE LIE AND THE PARTY OF	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
Item	MEDICAL	OR CONTRIBUTING CAUSE OF DE	A111	19			
	EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
hond	5	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITORIOWN	COONIT
S HO			ital) attended the deceased from_	9/1	9 19 8(	2,10 10/31	
of H		sow the deceased alive on above. (1) (we) (did) (did no	at) view the body after death.	86 , and	d that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
ept.		226. SIGNATURE	on the oddy oner deom.	D	EGREE		22c DATE SIGNED
T: IF		Gea Agu	u ho	15	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/21/86
TANT: H		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	.,,	22e ADDRESS	J DIRECTOR THISICIAL	101.100
with the State		LEA STERI	N		4940 Easter	VI AVY Bal	Chimore ND Z1724
3 ₹	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	, 23d. LOCATION	0170001
	1 %	sucial	11/6/86	Bai	Ho. Cemete	BACTO.	COUNTY
6 60M 7/B4	24 FL	NERAL DIRECTOR		/		REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
15 A)	14	arch E/H /	10/ E. NAPPETS	AURI	NUE.	NI 5 1986	Alia Dindron Products

	STATE OF MARYLAND	
0-21986	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 / 8 6 2	
	REG. NO.	
9 e 6	(TYPE OR PRINT) ABRAHAM ( JACK)	اما
noy be poge 3	TATALAN MARIANAMAN	747
# # # # # # # # # # # # # # # # # # #	3. SEX ) 4. RACE S DATE OF BIRTH 6. AGE   IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24	HRS MIN.
is of	Myle Cauc ASIAN MONTH DAY YEAR 76 YRS MONTHS DATS HOURS	
1 3 DE	76. BIRTHPLACE ISLATE ONFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
16.30	MARYLAND USA WIDOWED DIVORCED BALLO CA	MD
1 1 3	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126, KIND OF BUSINESS	OR.
· 1142	BALTIMORE  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING (TE) INDUSTRY  C.P.O.—COMMISARY  U.S. NAV	Y
2 2 22 276	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  130. COUNTY  131. CITY OR TOWN  132. INSIDE CITY LIMITS?  132. STREET ADDRESS / ZIP CODE	
ON A	MARYLAND BALTIMORE YES X NO 2722 CYLBURN AVE. #21215	
An All	14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME	_
MARYLAND	MAX ALPERIN FANNY COHEN	
icol in the second	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
ALTIMORE te be sectoric and copers. Formal of the medicol	YES YES UNKNOWN) WWIT NAVY: 228-34-7278 MRS. ETHEL COHEN 3805 BYFIELD RD. #21207	
ALT Sicro Pers. ol.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DE-	ATH
T., B	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE VIDER GASTROINTESTINAL HE WAS LAW.	
N S ling or re-	and the same of th	-
STO	Canditions, if any, which (b) CASTACE U/CET	
motino d	gave rise to immediate	
W. W. by the by the cother other	cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF	
201 sed the plea	DART 2 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT DELATED TO THE SECOND TO S	
DS, sign hen to bu	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
RECORDS  low requi  so been sig	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  10 14/86	
REC os b os b ws or	IN CERTIFYING CAUSES OF DEATH?	,
VITAL N: The ysicion cote h const p Hygier B show	10/14/86 CACTURE OF INJURY  216 HOW INJURY OF CURRED (ENTER NATURE OF INJURY IN THAT IS PART TO PART 2)	
	LOS CONTRACTOR OF CAME	
ON OF IYSICIA ding pl is certif buriol-t Mentol	11 EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
- L - E - T - I	OR CONTRIBUTING CAUSE OF DEATH  IF EITHER NOTHEY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	E
DIVIS POLYER I	WHILE NOT WHILE AT WORK AT WORK	
DI or old old or	270.1 certify that (1) this haspital) attended the deceased from 10/17/86 19 that (1) we	
Spite	saw the eccosed already of 10/17/82 19, and that in (my) (aur) opinion death occurred on the date and haur and Iram the causes stated above (1) we) (did) (did not view the body ofter death.	d
DIRE Oched Oched Dept	775. SIGNATURE DEGREE 226. DATE SIGNED	- 11
V . E . U	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/13/8	2
HOSPITAL ined by th FUNERAL vid be deric hi the State	224 PHXSICIAN'S NAME (LYPT OR PRINT) 220 ADDRESS	
O HOSPITAL TO FUNERAL Should be de- with the State	Kobert Grestin MO Dinas Hospital	
TO H shoul	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY	-
8P	ISPECIFY) RIDIAI 10 20 00 HERRY VOLVES ALTER	MD
	24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE	NID.
DHMH - 16 50M 4/83 (VRA 15, 4)	6010 REISTERSTOWN RD., BALTO., MD 21215 OCT 2 3 1986	
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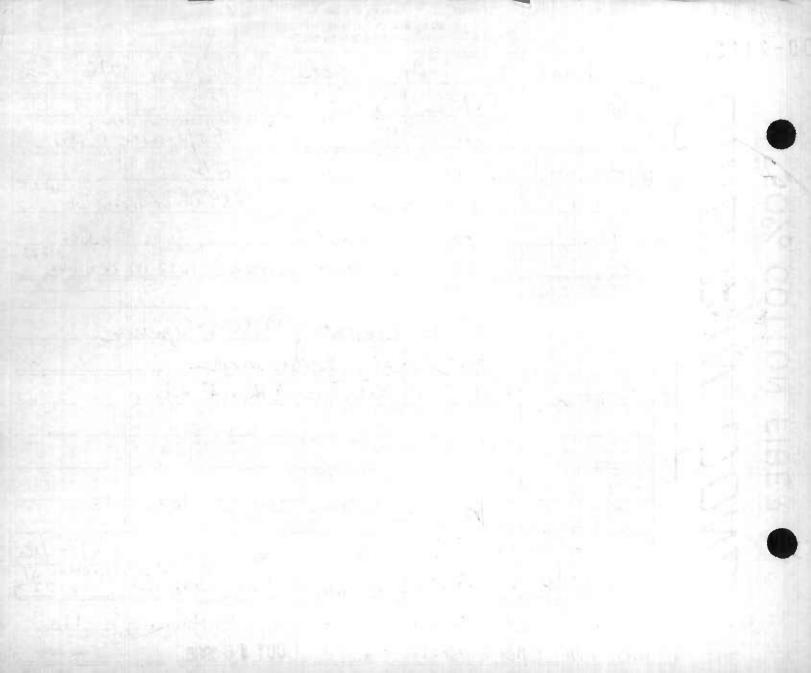
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-20725 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MARTE MNA 4 RACE 3 SEX & AGE LIN YEARS LAST BIRTHDAY YEAR White 80 Female 05 A BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland ILS.A. Baltimore City DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR "St. Agnes Hospital Minsurance Baltimore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13d. INSIDE CITY LIMITS? 130. SUREEL ADDRESS Franklintown Rd. 21216 Baltimore Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wells John Alberta Murray ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 8019 Ridgeley Oak Rd. LYES NO OR UNKNOWN) 219.22.7990 William J. Wells No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O) MASSIVE, DIFFUSE METASTATIC CARCINOMA 1-24125 >2 YRS CARCINOMA, LEFT BREAKT Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ saw the deceosed alive on obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT 22e ADDRESS AYLOR IM. O. 230 BURIAL, CREMATION, REMOVAL 10/9/1986 Green Mount Crematory Cremation Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTBAR'S SIGNATURE DHMH - 16 50M 1/81 Walter Brooks Bradley, ; Inc. Dundalk, Md. 21222 (VRA 15, 4)

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	Her be	3. SE		4. RACE	5. DATI	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR	RS IN
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-		23a	URIAL, CREMATION, REMOVAL	236 DATE	0.   - 1	CEMETERY OR CREMATORY	23d LOCATIO		COUNTY	
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## STATE OF MARYLAND

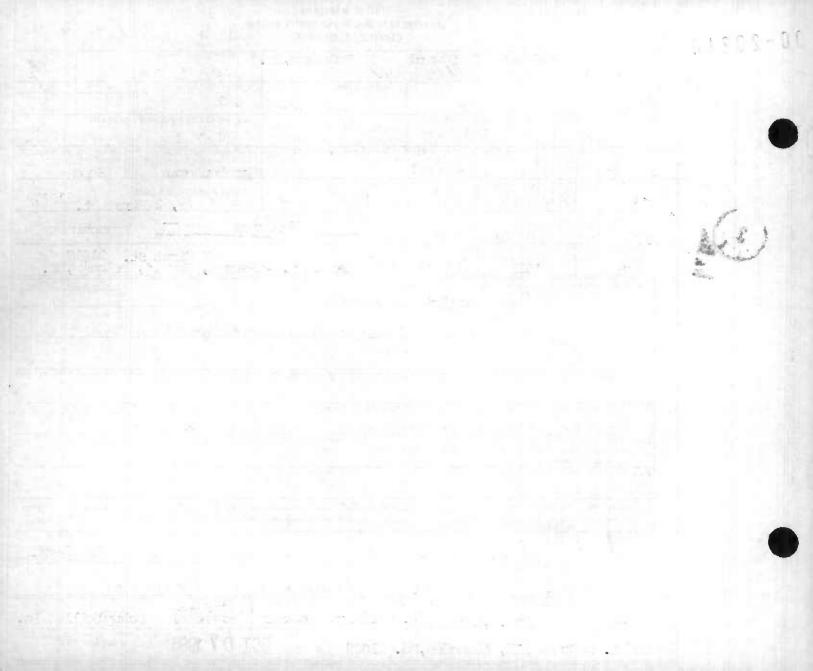
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	1-	FOR STATE REGISTRAR			ICATE OF DEATH	GIENE & S	2 7 3	6 6
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2			MED FORCES? 166 SOC WII 164	1 1 SECURITY NO 20 - 8975	Theresa M. A	2 Firs	t St. 210 14, Belcar	
		II CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for 10 D BY: E CAUSE (0) CARI		USSTILL		APPRO	XIMATE INTERVAL NONSET AND DEATH
	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO (b) POST  DUE TO, OR AS A CO (c)  ONDITIONS CONTRIBUT	IN FARC		ULAR SEPTA		10 ,
2	CERTIFICATION	190 DATE OF OPERATION 10-3-86	196. CONDITION FO		N WAS PERFORMED	20a AUTOPSY? 20 IN YES NO NO	Db. IF YES, WERE FIND N CERTIFYING CAUSE YES	INGS USED S OF DEATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  OUT WHILE ALL WORK		19 Y	211. HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN	(IEM 18 PART   OR PART 2)	STATE
		22a.l certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not	10-3-86	th. 19, or	nd that in (my) (our) opinion	, to 10-3-86 death occurred on the date		that (I) (we) lost causes stated
+		226. RHYSICIAN'S NAME (TYPE OF	applela	um M	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF	110	-3-86
	**	ROBERT &	OPPLEBA	UM	UNIVERS	ITS Hos	PITAL	
	730 8	URIAL, CREMATION, REMOVAL SPECIES BURIAL	23b. DATE Oct.7,1986		emetery or crematory imirs Cemeter	y Shenandoan	Schuylk	ill staffa.

DHMH - 16 60M 7/84 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

REGISTRAR'S SIGNATUR



Balto., Md.

Anatomy Board

DHMH - 16 60M 7/84 (VRA 15. 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS.

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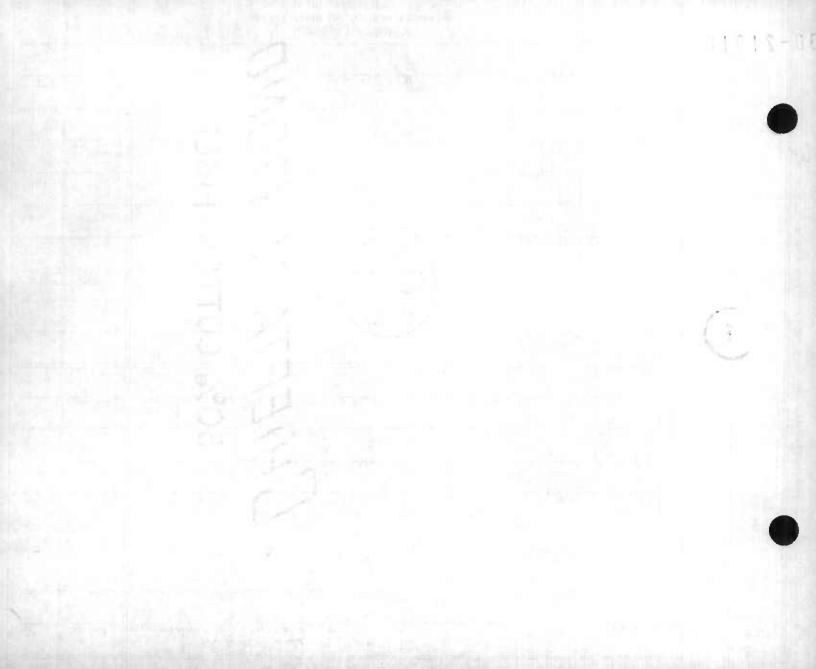
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3	Deer mit	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION			OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUST			
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OR of ho	DIREC oched Dept If Item		226. SIGN TURE	0 1/4 14 (		DEGREE ATTENDING	MEDICAL STAF		ATE SIGNED
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	· 16 60M 7/84	Z4 F	NAME	t 4300 Wabash	Λ	- DATE	REC'D. BY REGISTRAR	SD. REGISTRAR'S SIG	NATURE
(V	(RA 15, 4)		Wm C March West	4300 wabash	Ave.	71,	2 3 1986		

STATE OF MARYLAND



2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

(VRA 15, 4)

STATE OF MARYLAND

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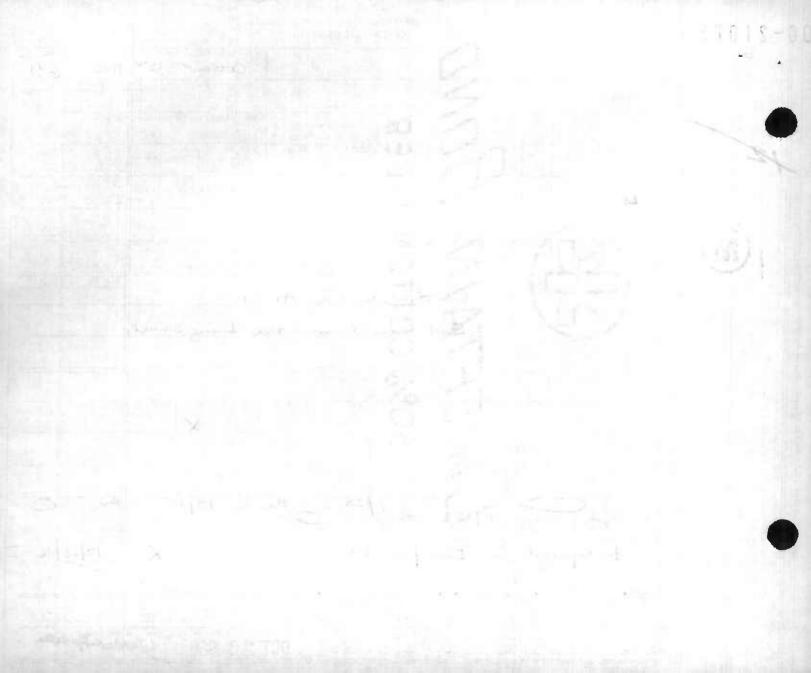
SOL LEVINSON & BROS., INC.

21215

6010 REISTERSTOWNN RD. BALTO., MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



, NOUT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOWJINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED IMPORT MORNEY M EASTERN AVENUE RACT. MO 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) New Cathedral Cem. 10/11/86 Baltimore Burial Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND

YEAR

IF UNDER TYEAR

INDUSTRY

26 HOUR

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Eve Glass Firm

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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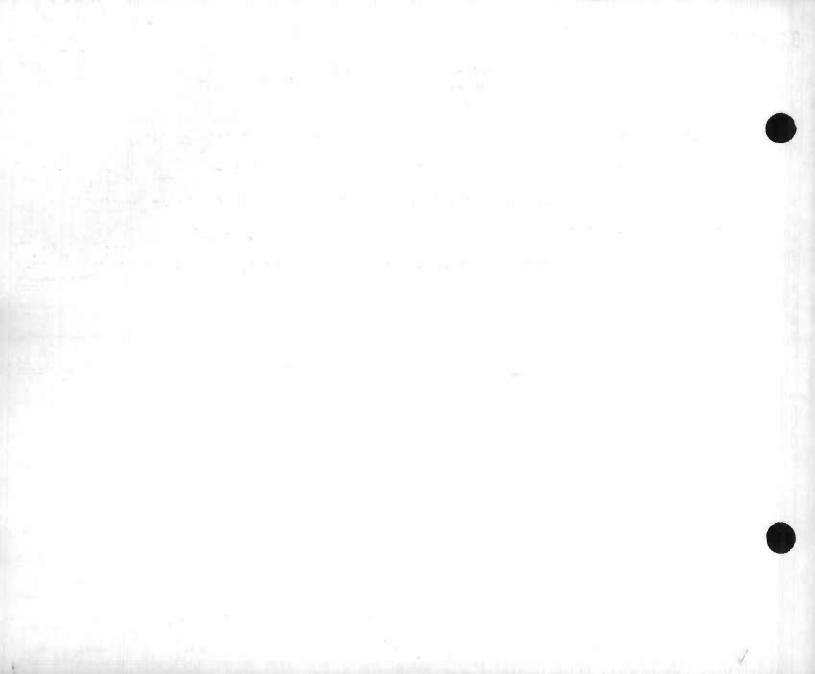
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(VRA 15, 4)

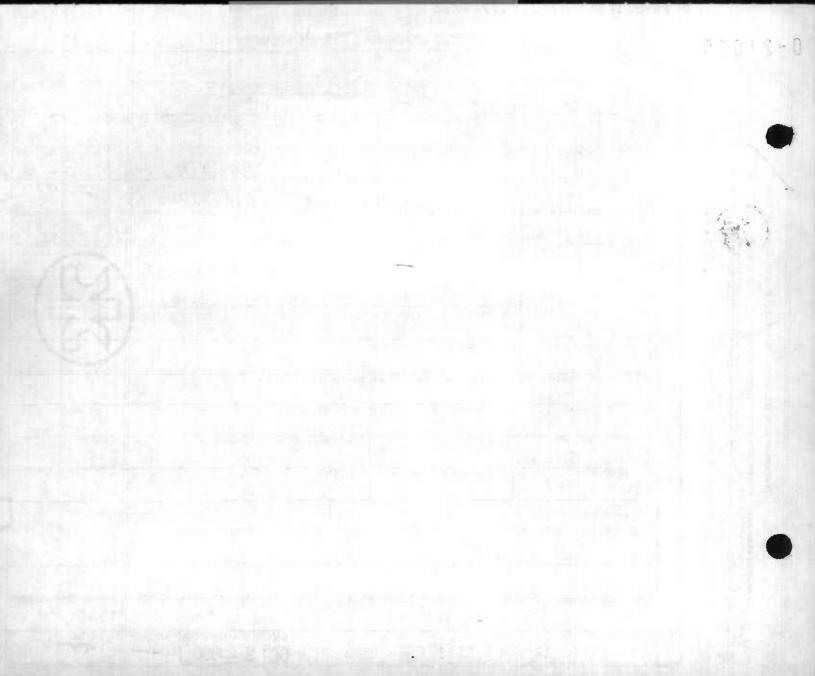


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		G HE S.	3 SE		S. DATE OF BIRTH	6 AGE (IN YE				MOI	NTH DAY YEAR		
		S. S	3 36	11	MONTH DAY	YEAR LAST BIRTHD			HRS. 2c. DATE	CED		24 HOUR 4:55	
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	2	ED WITH PENCIL AMINER L-TRAN MENTAL MENTAL M		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF .				NOT THE		
	20	E Z Z Z Z Z Z			(c)								
	DS.	AABAE		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OF COL	NDITION GIVEN IN PART	1 10				
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	E	200mm = 2	1 =								YES 🗌	NO X	
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	Z	SECSEL		UNDERLYING OR CONTRIBUTING CAUSE O	and the same of th	MONTH DAY YEAR							
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	DIVISION OF VITAL RECORDS, 201	HIS CRTHICATE SHOU WRITING THE WORD." ARDED TO THE CHOIS (GE 3 SHOULD BE USE (TE DEPARTMENT OF H	MEDICAL			DRY, FARM, ETC )	STREET		CITY OR TOV	/N	COUNTY	STATE	
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		A RESERVE			4.						ny apinian		
		SERDES		death resulted from: Nat	ural causes K.	Accident L., Su	cide L., H	Hamicide .	Undetermined ma	nner,			
		<b>3</b>		ACTUAL 10/	N			TLE (SPECIFY)					
1.00		4 H O M H L L		SIGNATURE	ing		M.D. 7	Assistant	MEDICAL EXAM	INER SI	GNED 10/1	8/86	
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		TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 ATTER DEATH, WITH THE STATE DE BALTIMORE, MARYIAND, 21201	72. D	URIAL, CREMATION, REMOVAL		23¢ NAME OF CEA		E33					
		22-40	pl	RIAL	10-22-8			EDI	ARBUTU	C	COUNTY MAD 5	STATE	
	7/84 SM	BP			10-22-8	6 ARBUTUS	CEMEI				MD		
20	3141	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS			250. DATE REC	C'D. BY REGISTRA	R 256 REGISTRAL	R'S SIGNATURE		
		(VR A15 ME (5))	IN	ARCH FUNERAL	HOMES 1	101 E. NO	RTH AB	E OCT	2.1 1986	المائد بداد	man - Alpertan		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., Md. 21222

Burial

230 BURIAL, CREMATION, REMOVAL

/1986

236 DATE

23c NAME OF CEMETERY OR CREMATORY Rose Cemetery

STATE OF MARYLAND

23d LOCATION

YES [

COUNTY

22c. DATE SIGNED

STATE

STATE

26 HOUR

12b. KIND OF BUSINESS OR

86

IF UNDER I YEAR

INDUSTR

21222

General

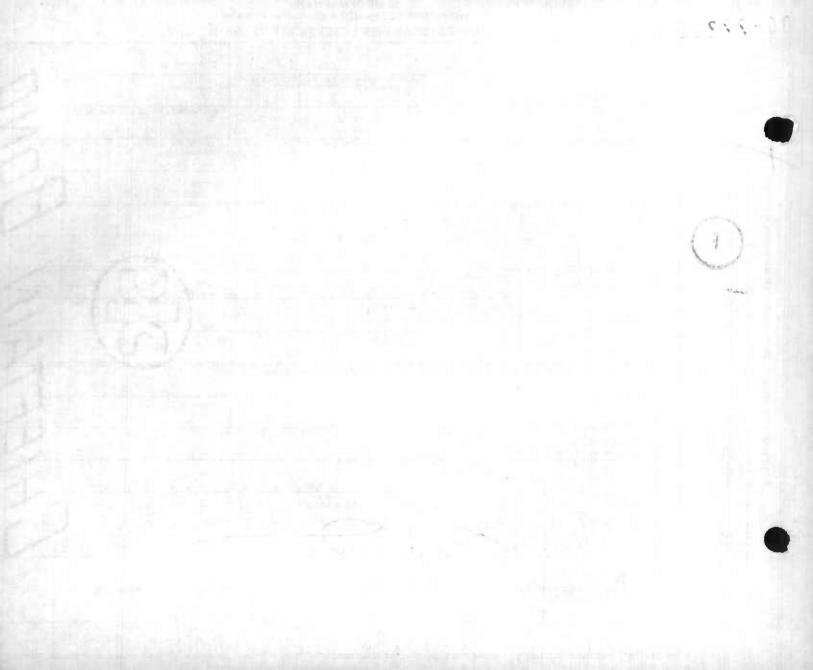
Slenker

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

York, Pennsylvania

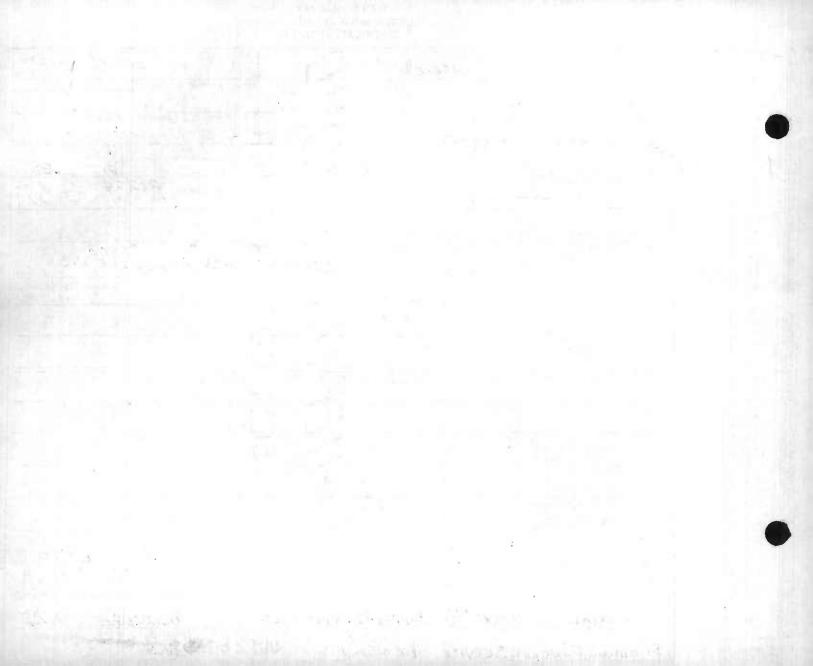
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-2229 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO , DECEASED NAME 20 DATE KNOWN XX MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-DIRECTOR.
OUR FILES.
ON STREET, William EDWARD (JR. DEATH MATED Bacon 10-22 19 86 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 86 MALE B 10 65 DEAD YRS a. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Baltimore UNEMP. 125 N. Gay Street USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 805 Chas 13a STATE 13d INSIDE CITY LIMITS? MD 21201 BALTO Chase St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MATTHEWS DOROTHY BACON SR. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS CAROL PASLEY 5707 E. Bury Ave. NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Chest (unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AS A BURIAL SAITH AND ME CREMATION DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HIGH AND. 21201 PRIQR TO BURIAL, C 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YESXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 1209xx 10-22 1986 CONTRIBUTING CAUSE OF DEATH subject was shot 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM FTC 1 WHILE AT WORK Gay Street, Balto., Maryland Bar TO MEDICAL EXAMINER: THE CERTIFICATE, IN PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIF BALTIMORE, MARYLAND, 21 Autopsy XX 220 I certify that I taak charge of the remains described above, held on Inspection and in my apinion Homicide X death resulted for Natural causes, Undetermined manner DATE 10-22-86 Assistat MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 0-27-86 BALTIMORE BALTIMORE CEMETERY 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) MARCH FUNERAL HOME 1101



0-22773	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. NO.	7 8 3 1
2 7713	1. DECEASED NAME	ROSA B.	BAILEY	20. DATE OF DEATH MONTH D	1986 1033 A M
ge 4 mo ector, p	I SEX F	$\mathcal{B}$	5. DATE OF BIRTH MONTH DAY YEAR 5 /8 08	78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
01 # <i>83</i>	DE BIRTHPLACE (STATE O	USA	MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	M D / 7/10/00 6	
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NA PAR	USUAL RESIDENCE (IF NU		PORTOWN 13d, INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3700 SPRIN	GDALE AVE
	HEN FU	MIDDLE Cra	15 MOTHER'S MAIDEN N FIRST LAUYA	MIDDLE	Thompson
TIMORE, be execu-	166 WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	CIAL SECURITY NO. 17 INFORMANT -24-724/ Emily 1	Amstead 1405	- N. Rosedalo S
1 W. PRESTON ST., BA that the death certifical by the attending physics remove conformacy old removing, by remove cather traumotic event,	Conditions, if on gove rise to it cause (a), statunderlying cau	y, which mediate ing the DUE TO, OR AS A C	consequence of failure, muttip	ole strokes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CORDS, 20 CORDS,	PART 2 OTHER SIG	ration for go	UTING TO DEATH BUT NOT RELATED TO THE TEI ANG YEAR IN TOOT DR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
DE VITAL RE LIAN. The la physicion Attache both Attache point Attache po	21a. ACCIDENT WAS U	DERLYING 216. TIME OF INJURY HOUR A.M. MC	ONTH DAY YEAR	YES NO YES YES	
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TAL OR ATTENDED by the hospital ocupanistic ocupanisti	220 I certify that ( saw the deceded above, (I) (we) 22b. SIGNATURE	1) (this hospital) attended the deceased alive an 10-28-86 (did) (did not) view the body after deceased.  Boursma 2	oth.  DEGREE  ATTENDING PHYSICIAN	on death occurred on the date and hour  MEDICAL STAFF  DIRECTOR   PHYSICIAN	9 % , that (I) (we) last and from the causes stated  22c. DATE SIGNED  10-28-86
TO HOSPI etchard b TO FUNE should be with the 5	DB	NAME (TYPE OR PRINT) O ERSIN 17	22e ADDRESS		
BP	SBURIAL CREMATION	J, REMOVAL 23b. DATE 11/1/86	Md. Nat. Mem. Pk.	Laurel, Md.	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR WITH Marc	ch F/H West 430	OʻʻOʻr€Wabash Ave. SEP	ATE REC'D. BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE

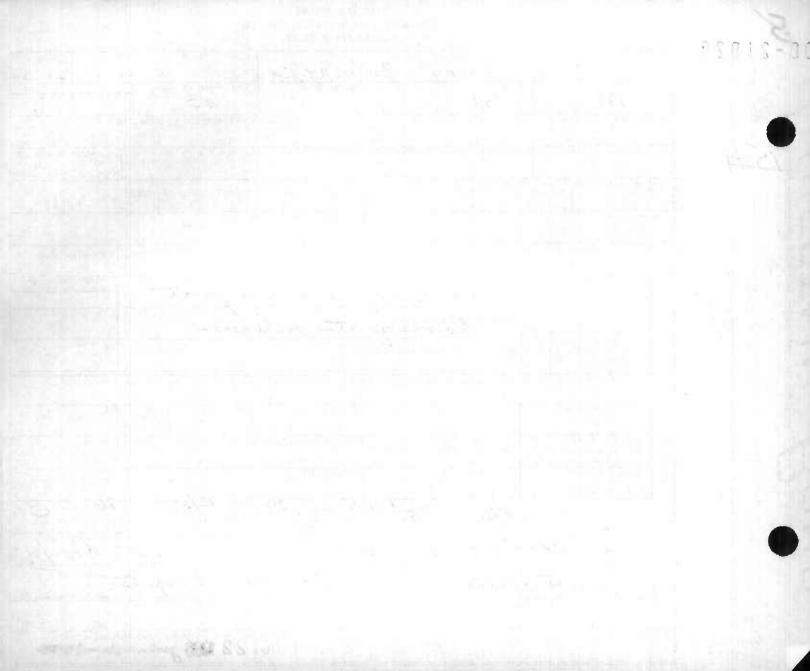
00-21899		FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	00 0	1334
00-21899	111	DECEASED NAME FIRST	MIDDLE	• प	REG. NO.	DAY YEAR 26 HOUR
9 e e	(1	YPE OR PRINT) Ton	y Gibson Baile	v. Jr	10.15.86	3.50b
poge :	20	SEX	4 RACE	S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
S offer	5	male	white	MONTH DAY YEAR	2 days YRS	MONTHS DAYS HOURS MIN.
neral dir in 72 hou	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	BALTIMORE CITY OR COUNTY	
s offer o	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET FRANCIS SCOTT	AG HOME OR OTHER INSTITUTION ADDRESS) - KEY HED CENTE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Retabliable	12b. KIND OF BUSINESS OR INDUSTRY
IAND 21;	5 13	BUAL RESIDENCE (IF NURSING ) OME CO.		ADMISSION) 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	130 STREET ADDRESS / ZIP CODE	WAY Ballo 2120
d with d with d with d with d 2 somin	1	FIRST	MIDDLE LAST Bailey	GIRST EN	MIDDLE	Gibson
SE S	160	TONY WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	GIDSON
BALTIMORE, MARY  ecuted with  d complete  gree [1 and 2  t, the medical exomin		(YES, NO OR UNKNOWN) (IF YES, C	none	Glenda	Gibson (mother)	same address
T., BALT			only one couse per line for 10), (b), on SED BY: ATE CAUSE (b).	- RESPIRATORY	FAILURE	BETWEEN ONSET AND DEATH
by the second of		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE	ENCE OF IMMATURI		/
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require offending physician. Ifter this certificate has been signs the burial-trons of permit. There thand Mental Hygiene prior to be orded or them 18 shows any misure.	/ Ceptiel Ation	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
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TTENDIN priol or TTOR Af for use of Health		sow the deceased alive a	potal) attended the deceased from 19	6 , and that in (my) (aur) apinio	n death accurred on the date and hour	ond from the causes stated
TAL OR A y the has y the has RAL DIREC detoched detoched tote Dept. Till Hem		22b. SIGNATURE	Mariak		MEDICAL STAFF  DIRECTOR   PHYSICIAN	10. 15. 86
O HOSPITA etorned by TO FUNERA should be de with the Stol		AMBADAS	PATHAK, M.D.		ERN AUE. BALTO	.MD. 21224
BP	23	BURIAL CREMATION, REMOVA (SPECIFY) Burial		Name of CEMETERY OR CREMATORY  Bohemian Nat'l	23d LOCATION Baltimore	Md •
DHMH - 16 60M 7/B4 (VRA 15, 4)	24	FUNESCHIMUNEK F	uneral Home	Inc. 21213	ATE REC'D. BY REGISTRAR 256. REGISTR	RAR'S SIGNATURE

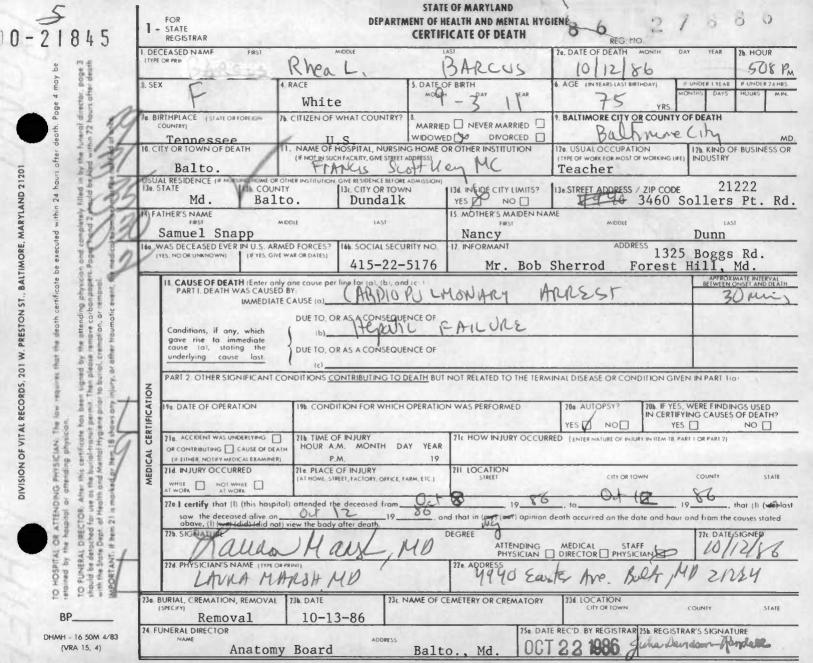
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b HOUR Eugenebaldwin TYPE OR PRINT 10 06 David 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH DAY YEAR DAYS HOURS 59 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED altimore MISSOUR WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Highland Health Facility NONE DISABLED SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS Balto. 13d. INSIDE CITY LIMITS? 5200 Eastern Ave. NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE hurman Baldwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) RT.5 ASHEVILLE, N.C. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES T NO [] 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (this haspital) attended the deceased from. saw the deceased alive an Orca abave, (we) (did) (did of) yiew the body after death. and that in (nu) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL MO PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the Pla 236. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION BP. HILL DAPTISTCH. BUNCOMBE 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 60M 7/73 (VRA 15 (4)) BENSON.MD.

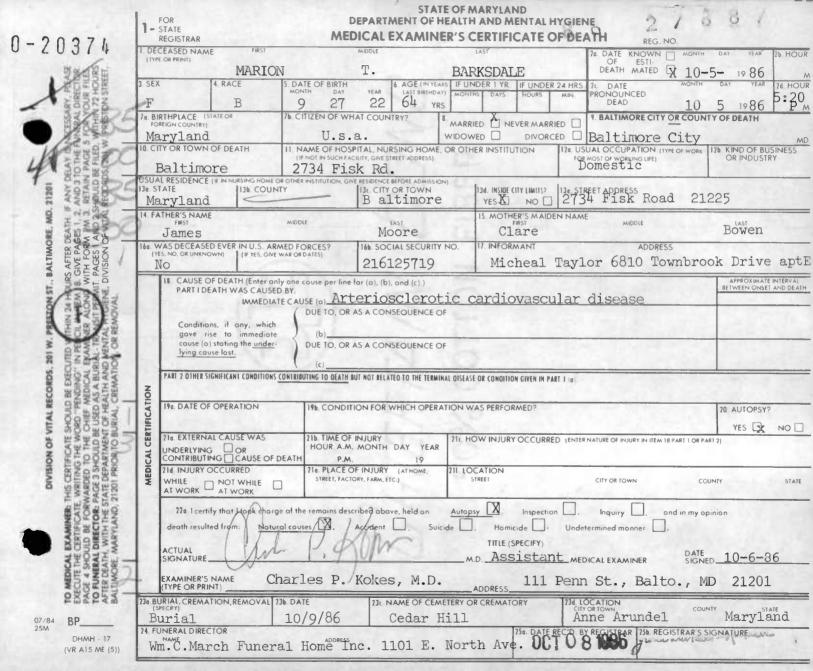


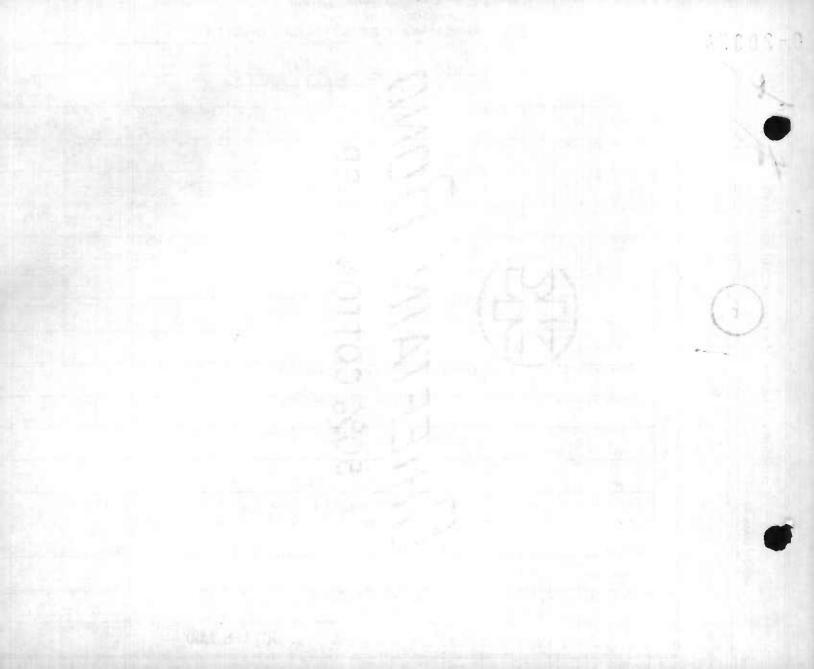
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AN. freot fron tron 1 Hy		21a. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	
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R ATTENDII hospitol or RECTOR: A ned for use ispt of Heals tem 21 is mo		220 L certify that (1) ( saw the decease abave, (1) (we) (di	this haspi d alive an id) (did go	tal) attended the DCDCDCDC	deceased from	mol 17/61	ad that in (my)	(our) opinion of	death occurred on the		19 ur and from the	that (1) (we) last causes stated
F Pool		226. SIGNATURE	nJ	tens	lush	۵	1		MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DATE	30/86
TO HOSPITAL retained by the TO FUNERAL should be determined the Store with the Store IMPORTANT:		CAROL!	N	HENA	RICVES	5 MJ	650 650	5 N.1	NOLFE !	ST., B	ALTO. 1	4D 2121
		URIAL, CREMATION, F	REMOVAL	23b. DATE		3c. NAME OF C			23d. LOCATION CITY OF TOWN		COUNTY	STATE
BP		rial		11/3/		Holly H	ill Men			Baltimo		yland
DHMH - 16 60M 7/B4		NAME		Ruck, I	THE BILL		222	NOW	- 5 1986	11.		
(VRA 15, 4)	79	22 Wise Ave	e. Ba	ltimore	, Maryl	and 21	222	VUVI	- 0 1300	Bulla	Duridson-7	(andall

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2/	1/11/40	R	altimore				Hospita	1	Superviso			1 Sec. Ad.
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	5 6 5	160 V	WAS DECEASED EVER	N U.S. AR			L SECURITY NO	17 INFORMANT	ADD	RESKerner		o N C
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¥ E	å de		Yes	W	WII	233-3	34-7700	James C. Ba	rbery, Jr.	- 6481		
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DIVISION OF VITAL RECORDS,	The The	CERTIFICATION	HAT HALLOW									
8	w r	1	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, \	WERE FINDI	NGS USED
2	ne per	E	15-4109P.						VES CO NOCO	IN CERTIFYII		OF DEATH?
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ō	SICI 19 p	3	(IF EITHER, NOTIFY MEDIC	AL EXAMINE	R) P	.M.	10				3.7.	
ō	HYY HAY	MEDICAL	214 INJURY OCCURR	ED		OF INJURY	OFFICE, FARM, ETC.)	216 LOCATION	CITY OR	TOWN	COUNTY	STATE
VIS	G P offer the one one one	2	WHILE NOT WH	ILE	[AT HOME, ST	REEL, PACIONY,	OFFICE, FARM, ETC.)		,			
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	AN Str	1	22d. PHYSICIAN'S NA	ME ITYPE	OR PRINTING			22e ADDRESS	0		01	/
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		230	BURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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	DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR R	ussel	1 C. Wi	tzke F	Tuneral	Homes P.A. 250 B	ATE REC'D. BY REGISTRA	R 25b. REGISTRA	R'S SIGNAT	URE
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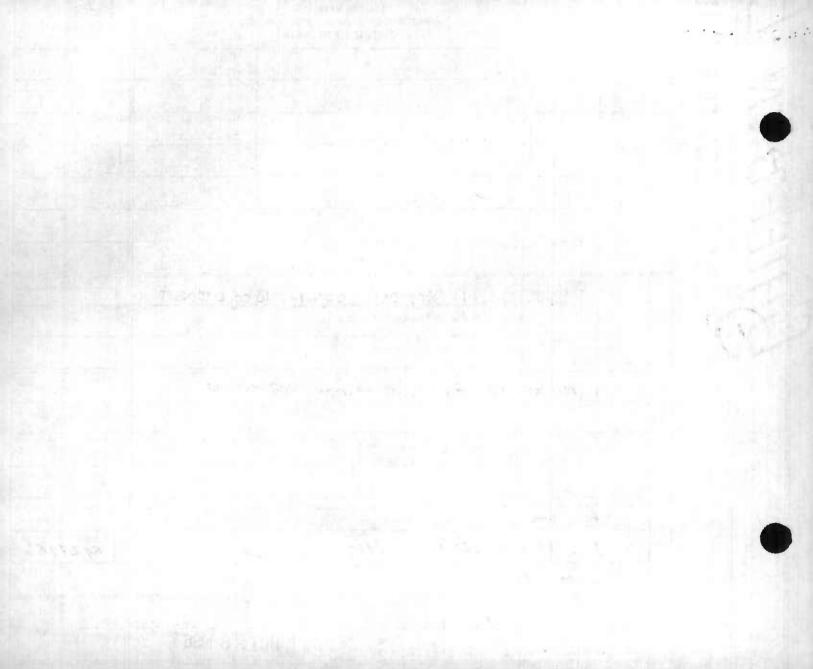


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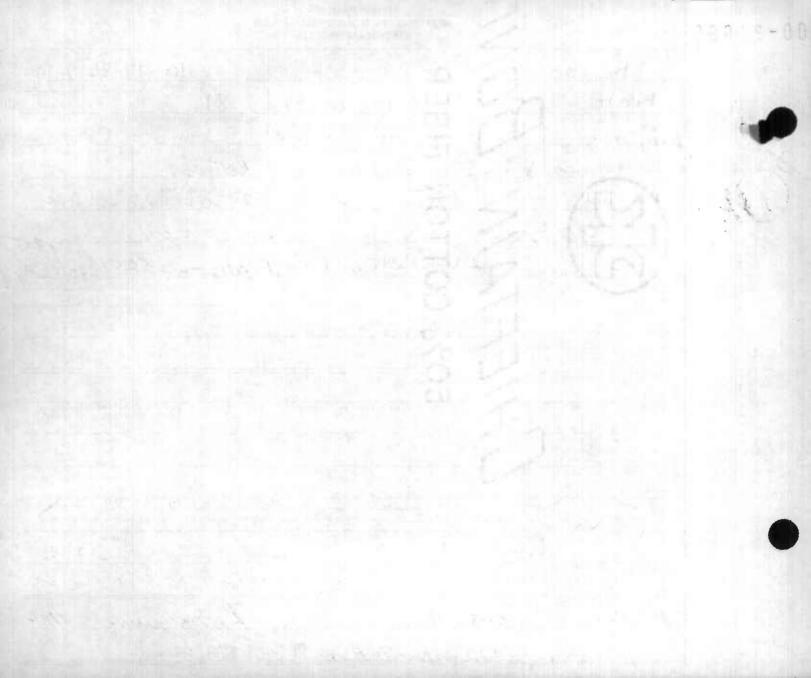
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(VRA 15, 4)



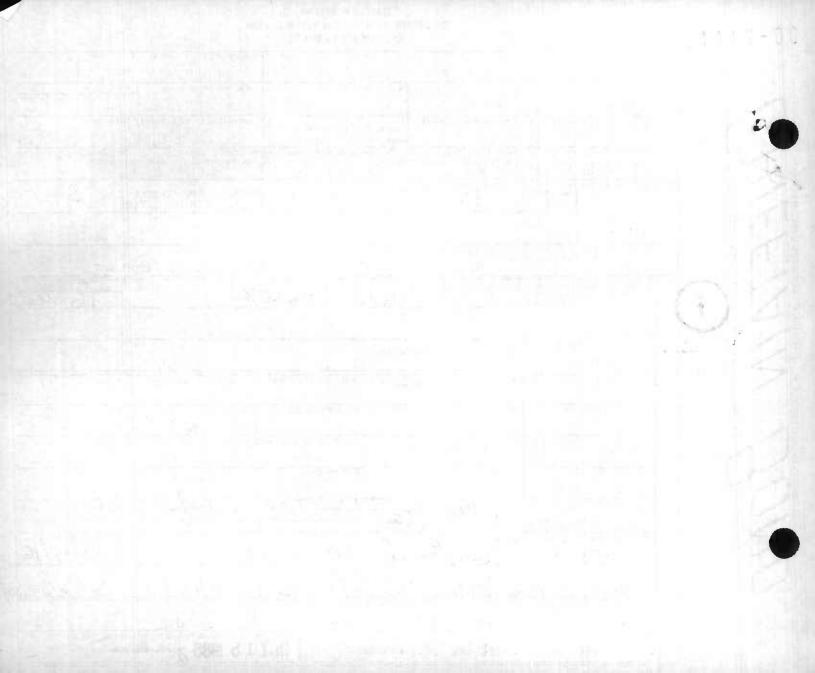
	1	FOR	STATE OF MARYLAND	
00-21660	5 1	= STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
oy be death	[7	PECEASED NAME FIRST PECAPRINT) REUBEN	H, Bacrack	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 9:30pm
4 mo	3.	Male	Black Po 28 04	6 AGE (IN YEARS LAST BIRTHDAY)    IF UNDER 1 YEAR IN UNDER 23 HRS MONTHS DAYS HOURS MIN.
18	1	ivainia	CITIZEN OF WHAT COUNTRY?	Baltimore City MD.
3-14	2	Baltimore	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NOT SUCH SUCH SUCH SEFORE ADMISSION  HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	128. KIND OF BUSINESS OR (TYPE OF WORKING LIFE) INDUSTRY
2000	13	STATE Aryland 136 COUNTY	Baltimore YES NO []	130 STREET ADDRESS / ZIP CODE 2420 WOOD Brook Ave
T Ph		FIRST CIVE	nowk last FRST	IN KNOWN LAST
be even	160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES GIVE W		Feoreson 5251 Comelia
ST. BAI g physic general remain!		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	one cause per line for (a), (b), and (c) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AUG NOUNS
RESTON denth c arien of arien of marrents		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	years
on W. P		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
RDS, 2 requires Then print to burn	Z	PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART I to
AL RECO	CERTIFICATION	1% DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED	70s. AUTOP5Y7 10s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
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DIVISION offer the on the by the ond M arked or	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY THE HOME STREET FACTORS OFFICE FARM STC.) THE PLACE OF INJURY	CITION COUNTY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24	FUNERAL DIRECTOR OSEPH L. Rus		E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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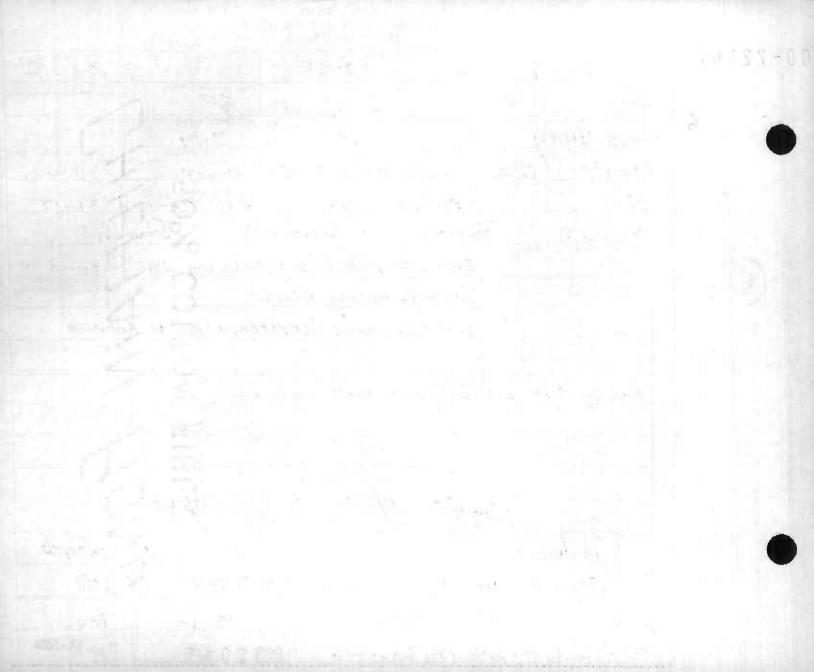
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-20816	1-	FOR STATE REGISTRAR		DEPARTMENT O	HEALTH AND		ENE O O REG. N	2. 1	ं ते	9 1
20010		CEASED NAME FIRST	MIDDLE	,	LAST		2a DATE OF DEATH	MONTH D		26. HOUR
800		Hanes	E. Bartose					10 4	86	8:40 AM
0 4	3.5E	EI	4 RACE		OF BIRTH	21	6 AGE (IN YEARS LAST BE		ONTHS DAYS	HOURS MIN.
	1- 0:	THPLACE ISTATE OR FORFIGN			5 06	21	9 BALTIMORE CITY	YRS YRS	OF DEATH	
2 345	4	SUNTRY) / /	76 CITIZEN OF WHAT	MAR		MARRIED -	7		0	
5 D	и с	TY OR TOWN OF DEATH	11. NAME OF HOSPIT			NORCED	12a USUAL OCCUPAT	MOTE		BUSINESS OR
38	-	altimore	University	y, GIVE STREET ADDRESS)	land Hos	pital	Factory U	Kr.	Seagn	ams Dist
385	DSU.	A RESIDENCE (IF NURSING HOME C	INTY 13c.61	TY OR TOWN	134 INSIDE	NO []	13e STREET ADDRESS		1 . 4 . 1	Phyl 21 -22
1	IA FA	THER'S NAME	52,10	X7707	15. MOTHER	S MAIDEN NAM	77346+2	U Wasi	ningion	11Va 2/22)
四人ろり	1	Hecker	MIDDLE	Boiners	1	TAN T	MIDDLE U.		Hai	CCU
150		AS DECEASED EVER IN U.S. A		CIAL SECURITY NO	. 17 INFORMA	- 1		SS OU	montgo	
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2		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line fai	(a), (b), and (c),1		^				MATE INTERVAL ONSET AND DEATH
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9 0		Canditions, if ony, which	( Ib)	CONSEGUENCE OF						
1 1 1 1		gave rise to immediate cause (a), stating the	(6)					- B. B. W.		
# # D		underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF						
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FF	ATIC	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERAT	-		20a AUTOPSY?	120b. IF YES.	WERE FINDIN	GS USED
23/	IFIC	NA						IN CERTIFY	ING CAUSES	OF DEATH?
12	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI	RY	21c. HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJU	YES		NO 🗌
3 4	21.0	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. M	ONTH DAY YE	R		(2)			
1/	OKC	116 EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJ	IPV 1	211 LOCATI	ON				
A Second	ME	WHILE NOT WHILE AT WORK		FORY, OFFICE, FARM, ETC.)	STREE		CITY OR TO	IWN	COUNTY	STATE
9 0 0	10	22a. I certify that (I (this hosp	oital attended the deced	ased from 9/	23	19 86		4 1	9 80	that   I (we) ast
21.5		saw the deceosed alive a above, (I) (we) (did) (did n	10/4	19 86	and that in (my	(aur) pinian d	eath accurred an the d	ate and have	and fram the	causes stated
212		7th SIGNATURE	O 6 D	0 /	DEGREE			Z 110 D	22c DATE	SIGNED
# 0		Maria	DT. Fot	2/11/11		ATTENDING PHYSICIAN TO	MEDICAL STA		10/	4/26
3 3		THE PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRES	SS			. /	10 -
# 1% S	A	David	. 60 ld		Unio	ersity	of Mary)	and I	Hospito.	
5813+	23a. E	URIAL, CREMATION, REMOVA		-	CEMETERY OR		23d LOCATION		COUNTY	STATE
_		Buriol	1 October	86 Baltin	ore Nat		Baltimore			md.
16 60M 7/B4	24 FI	INERAL DIRECTOR	, .	ADDRES5		25a. DATE	PECTO BY REGISTRA	C	RAR'S SIGNATI	CONTRACTOR STREET
A 15, 4)	JA	ACR FUNERAL A	toma .	Ellicott Ci	4 mo 21	1045	CAND A TANK	E0	A AMOUNT ETTINGS	no fullione

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				STATE OF MARTLAND		- 60
1110	11.	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL H	YGIENE 6 2 7 B 7	Can
110		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 19
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 2	b HOUR
		CARRO	OLL KENNEDY	BASSIL	OCTOBER 13, 1986	
	3 SE		4 RACE	5. DATE OF BIRTH	MONTHS DAVE I	HOURS
	-	Male	Black	12 12 1923 1923 1923 1923 1923 1923 1923	62 yrs	
21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
3		Md	USA	WIDOWED DIVORCED [	BALTIMORE CITY,	
3	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	BUSINE
ac		BALTIMORE	841 WHITELOC	K STREET APT. 9	TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY	
20 1		AL RESIDENCE (IF NURSING HOME			13e STREET ADDRESS / ZIP CODE 2	1217
- Real		Md —	Baltimor	e YES X NO	13e.STREET ADDRESS / ZIP CODE 841 Whitelock Street Apt	9
2	14 F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I		
500	)	William William	Bass		Hill	
To a		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!		ADDRESS	
med	L'	No	215-18-5	143 Dorothy L. Bas	sil 841 Whitelock Street Apt 9	
1	1	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b),		APPROXIMA BETWEEN ON	ATE INTER
1	1	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (o)	UNG CANO	814	1
8 1	1		DUE TO, OR AS A CONSEC	DUENCE OF		
-		Conditions, if any, which	(b)			
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
ol, cr		underlying cause last.	(c)			
buric ry, a		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
or to	CERTIFICATION					
ou de	CA	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED
Show	T E				YES NO YES	NO [
£ 99 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 21c HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)	
Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19		
W po	AEDI	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN COUNTY	S
h ar	1	AT WORK NOT WHILE AT WORK			1 0	
s mg			spital) attended the deseased from			ot (I) (v
of H 21 is		sow the deceased alive-	not liew the body after death.	ond that in (my) (our) apinio	on death accurred on the date and hour and from the co	uses sto
Hem		22b. Stonature	A CONTINUE COOK OTHER GEOTH.	DEGREE	22c. DATE St	GNED
(L)		1/9/201	K ) S. Jola	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	141
10 2		221. PHYSICIAN'S NAME '(TYP	PE OR PRINT)	22e ADDRESS	SURECION FILISCIAIN	116
with the State		Kahone t	Barrellan	MD 62011	1 Charles Co Role	-4
3 3	230	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	RE NAME OF CEMETERY OR CREMATOR	Y 123d LOCATION	- 4
	230	(SPECIFY) Burial		It Zion Cemetery	CITY OR TOWN COUNTY	51
	24 F	DUITE I DI UNERAL DIRECTOR	110/1//00		ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR	
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5 41		with indicate	TOTAL TICS OF TOOK MUD	WOIT THE WING	UI A U BUU A	



					STAT	E OF MARYLAND		
		1-	FOR STATE	DEP		EALTH AND MENTAL H	YGIENE	27895
^	00101		REGISTRAR	March and the	CERTIF	ICATE OF DEATH	REG. NO	
U -	22401		CEASED NAM PORTE	MIDDLE		Bates	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR O
	moy pod	3.56	0	1 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY)  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DATS HOURS MIN.
	ge 4		+	B	09	27 98	99	YRS DATS HOURS MIN.
	Pol dir	To Bi	PETHPLACE (STATE PROFICELY	Th CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
	deot ort	24	timbre county	MH	WIDOWE			MD.
10	by the liled with an analysis	10: C	Balto. (1	11. NAME OF HOSPITAL, N	STREET ADDRESS	Mal Contes	120 USUAL OCCUPATION OF STILL	F WORKING LIFE) INDUSTRY
ND 212	24 hour lifted in Vild be a nust be	13a. S	TATE 136 COUN		BEFORE ADMISSION)	13d INSIDE CITY LIMITS?		ZIP CODE
IA	short short	14 FA	THER'S NAME	1 134	110.	15 MOTHER'S MAIDEN I		7
MARY	ed wif			Bailes	1	E MZak		Johnson LAST
ORE,	000				SECURITY NO.	17 INFORMANT	ADDRE	SS
TIMO	( A )		NO	214-3	38-2214	Mrs. Helen E.	. Wooddington .	2910 Parkwood AVR.
I., BAL	(Maria		18 CAUSE OF DEATH (Enter onl PART ), DEATH WAS CAUSED IMMEDIATION	DBY: NATO	b), and ici.	nary ARKE	ST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S NO	din or or		IMMEDIAII		SEQUENCE OF	1		
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DS, 201	quires the signed the plectory, or niury, or	NO.	PART 2 OTHER SIGNIFICANT CHUPTENSION			NOT RELATED TO THE TE		DITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ne low re bos been permit l ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITA	N: T) hysicic ronsit Hygir	CER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	TY IN ITEM TS PART T OR PART 2)
90	SECIAL ng ph certific certific and the certific certific and the certific c	CAL	OR CONTRIBUTING CAUSE OF DEA	tite and the same	19			
SION	PHY endir	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
NG	NG Affer os the orke	1	AT WORK	1,,,	11/10	1/26	11/2	6106
	END o ral o OR. A Use Use Heo		22a.1 certify that (1) (this hospit	1/1/2/2021/202	from 19/2	17	on death occurred an the de	ate and hour and from the causes stated
	ATTI nospi RECTI ed fo pt. of pt. of		saw the deceased alive an obove 1) (We) (did) (did nat 22b. SIG)	view the bady after death.		DEGREE		127, DAY SIGNED
	ALOR y the by tal Dig detoch ote De		All Horris	(H)		ATTENDING PHYSICIAN		
	O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT,		22d. PHYSI JAN'S NAME (TYPE OF	1. HIPPER, M	)	DEATON H	SI É MED CUTA	BALT, HD
	0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a I	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	23d. LOCATION	COUNTY . STATE
	BP		Buriol	10-30-86	Arbu.		Balto	Md.
	DHMH - 16 60M 7/84	24 1	MERAL DIRECTOR	4 / 10434 /10	DRESS		DATE REC'D. BY REGISTRAR	25b, REGISTRAR'S SIGNATURE
	(VRA 15. 4)	1	U. H MINE TO	N # 18NS 170	Laur	VII) (III	CONTRACTOR OF THE PARTY OF THE	Service Control of the Control of th



			1			STATE	OF MARYLAND			
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	yor yo	P	3. 3	SEX .	4 RACE	5. DATE OF		AGE IN YEARS LAST BIR		IF UNDER 24 HRS
	4	saft		Frmais	Culito	MONTH O.5	127/09	7	MONTHS DATS	HOURS MIN.
-	Pag	JOC WAS	70	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8		BALTIMORE CITY O	R COUNTY OF DEATH	
1	1	F/ 6	IV.	aryland	IICA		NEVER MARRIED	CIT	1 12 14	2
	3 /	1	100	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR		12a USUAL OCCUPATE	ON 126 KIND O	F BUSINESS OR
54	/	4	3	BALTIMORE	SOUTH RO		Gen Balto.	Homemal	F WORKING LIFE! INDUSTRY	BOOMICOSON
2	1	3 2	U:	UAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION)		A CADELL ADDDESS	(ZIR CODE 2123	0
ND	22	and and	DI	aryland -	Ba.	Itimore	34 INSIDE CITY LIMITS?	123 E.Cro	zip code 2123	o.Md.
M.	4 4	2 sh	14.	FATHER'S NAME	WIDDIE L		MOTHER'S MAIDEN NAM	E	Day - I	
MAN	y be	375	9	Tohn	0 1	2700	Jesephine	MIDDLE	RASS	Cata
, E	scute	3	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCTA		7 INFORMANT	ADDRE		CYFIC
BALTIMORE	a c	Page		TYES, MO OR UNKNOWN) TIF YES, G	IVE WAR OR DATES] 216-	-36-8790	Charles J.	& Tosanh	Poumaonte	
ALTI	9 6	the	F	IN CAUSE OF DEATH (E-to-			Onarico O.	x Joseph		MATE INTERVAL ONSET AND DEATH
	9			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		, (b), ond (c).)			BETWEEN	ONSET AND DEATH
TS Z	1	. 1		IMMEDIA	ATE CAUSE (0)	-	<i>H</i> 1			
0	1			Control of the			Metastasis			
RES				Conditions, if ony, which	(b)	Jarcinoma	of Breast			
201 W. PRESTON ST	4			couse (a), stating the underlying couse last	DUE TO, OR AS A COM	NSEQUENCE OF			STATE OF THE PARTY	
10	7 7	or o			(  c)					
DS,	quire	hen lo bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 110	3 1
DIVISION OF VITAL RECORDS,	5 0	nior I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDIN	CS LISED
SE SE	0 . 0	me pi	1 2				WHO TEM CHIMED		IN CERTIFYING CAUSES	OF DEATH?
TAL	The	Hygie 18 sho	E L	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURRE	YES NO	YES 🗍	но 🗆
>	Phy			OR CONTRIBUTION CAUSE OF O		TH DAY YEAR	IN. HOW HAJOR! OCCORRE	C TENTER NATURE OF INJUI	IY IN STEM 18 PART   OR PART 2)	
Z	SIC	Aental Hem	/ MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19	211 LOCATION			
Sio	PH	the bond A	A A	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		STREET	CITY OR TO	WN COUNTY	STATE
>iq	NO TO	olthond M morked or		AT WORK		(1.1)				
	rend tal	5 - 5		220.1 certify that (H) this has			3 1986	_, to	19 8	that (I) we lost
1	F & E	202			n O J at) view the bady after death		that in (my) (our depinion de	eath accurred on the do	ite and haur and from the o	couses stated
	OR e	Dept.		22b. SIGNATURE	1	DE	GREE ATTENDING	MEDICAL STAF	22c DATE	SIGNED
				W. Ra	hmina	M.	D. PHYSICIAN	MEDICAL STAF		14/86
	HOSPITAL ned by th	d be S		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS			1
	O HC efoine			RAHMI	NG			HANOUER.	ST. 2123	0
	J e	v 2 ≤	230	BURIAL, CREMATION, REMOVA	4 4	23c NAME OF CEA	METERY OR CREMATORY	23d. LOCATION		
	BP_			(SPECHY) Burial	10/7/1986	New Cat	thedralCemt	Baltin	nore City, M	Id. STATE
	DHMH .	6 60M 7/84		FUNERAL DIRECTOR Ba.	Ito.Md.21230	0	25e DATE	REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATI	BENDAM
		15, 4)	M	ccully Funera	Al Home 130	E.Fort A.	ve.	100 1986	grand publication	•

## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 4	
25	0
0	REG. NO.

		REGISTRAR					REG. NO	).			
1		EASED NAME FIRST	-	MIDDLE	l	AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR	
	(TYPE	DAISY	Ma	е	BELL		F 10 100	9 25	5 86	M	
	3. SEX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	F	Female	Black		^012	2 31 <sup>AY</sup> 30 <sup>AR</sup>	-55	YRS	MONTHS DAYS	HOURS MIN.	
1		OUNTRY) MALE		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH		
)	45	MG.	US		WIDOWE	D DIVORCED	Baltimore City				
1	E	Baltimore	3212	Virginia	et address) L Avenu	PROTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF			F BUSINESS OR	
	USUA 13a S	RESIDENCE (IF NURSING HOME OF TATE 136 COL		136. CITY OR TO		YES NO		zıp cod inia	Avenue	21215	
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS		
3	S	ylvester	MODIE	White		Geneva	MIDDLE		White		
	160 W	AS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE	55	1122		
	í,	es no or unknown) (IF YES, G	IVE WAR OR DATES)	2172409	066	Tammy Burre	11 3212 Vi	raini	a Aveni	10	
		18 CAUSE OF DEATH Enter of	-1			4	OLIL VI	giiii	APPROX	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUS	ED BY	Adila	weed	11.00 (	carcin	me	BETWEEN	ONSET AND DEATH	
		IMMEDIA	ATE CAUSE (a)	11010	,	7 601	0000				
			DUE TO, O	R AS A CONSEO	UENCE OF						
		Conditions, if any, which	(b)_		2.76						
		gave rise to immediate couse 101, stating the	DUETO	R AS A CONSEQU	UENCE OF				- 6 - 6		
		underlying cause last	(c)								
		PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GI	VEN IN PART 1	a	
	Z										
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED	
	윤						VEC D NOD		FYING CAUSES		
-	2	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	E IN ILIDY		21¢ HOW INJURY OCCURR	YES NO		ES D	NO 🗌	
1		OR CONTRIBUTING CAUSE OF D	110110 4	M. MONTH I	DAY YEAR	ZIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB	PARTION PART 2)		
	S	(IF EITHER NOTIFY MEDICAL EXAMIN		M	19		St. 12				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	SARAN ETC 1	211 LOCATION	CITY OR TO	VN	COUNTY	STATE	
	2	AT WORK AT WORK					NotT	3/	1		
		22a.1 certify that (1) (this has	oital) attended th	g deceased from	Ma	1956		1	19 5 6	that (1) (we) last	
		saw the deceased alive o	n 1)29	M J > 19		that in (my) (our) opinion o	death occurred on the do	te and has	ur and Irom the	causes stated	
		above, (1) (we) (did) (did r	ot) view the bady	after death		DEGREE		-	22c DATE	SIGNED /C.	
		1/10	ef (c/	1		ATTENDING L	MEDICAL STAF		0/2	19/56	
b		22d PHYSICIAN'S NAME TIMPE	0101			PHYSICIAN V	DIRECTOR   PHYSIC	IAN 🗌	17/0	1/00	
		N / CHA	CDD M	4			21. 211	110	1150	-13/11	
		1017/11/2	of the			7300 CHIEF	215 ON BLU	y B	111101	9 1316	
	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	Bi	ű۴"i'al	10/2/	86	Mount	Zion	Lansdown	ie	Ma	aryland	
		INERAL DIRECTOR				Int DAY	E REC'D. BY REGISTRAR	NI DECIE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT. If them 21 is marked or them 18 shaws any

Wm C March F/H 1101 E. North Ave.

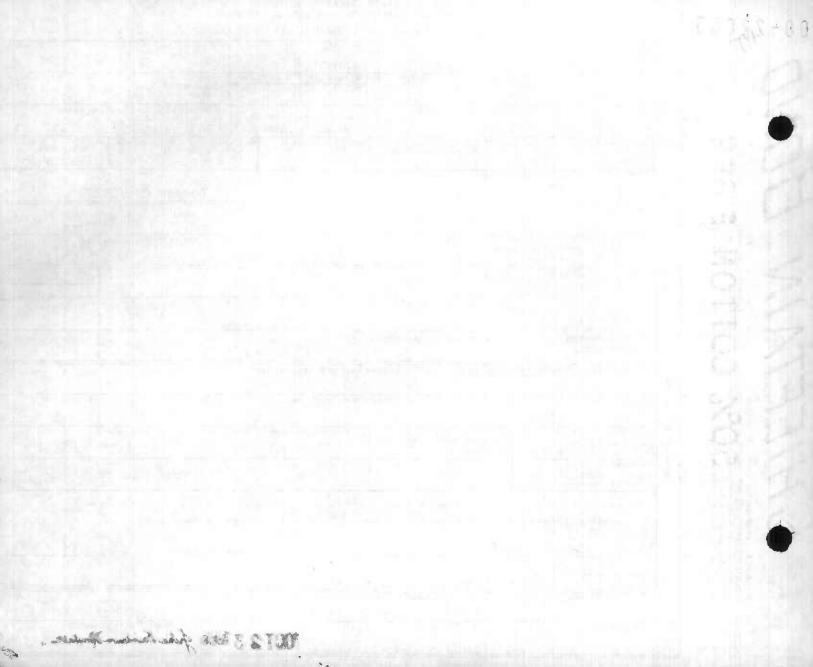
The first wife

	FOR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG	HENE (O A C)	7 2 2 4
10005	l - STATE REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	1010
19995	1. DECEASED NAME FIRST (1YPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	
V 3 31	MADEL	INE L	BELL	OCTOBER 3, 1	986 $6:05_{M}^{A}$
ge + mo	female		pt 19 1908	6. AGE (IN YEARS LAST BIRTHDAY) IF L	UNDER 1 YEAR IF UNDER 24 HRS 11HS DAYS HOURS MIN.
01165	70 BIRTHPLACE   STATE OR FOREIGN   76 ( COUNTRY)  Maryland	TICA	ARRIED NEVER MARRIED XX	BALTIMORE CITY OR COUNTY OF	
	BALTIMORE	NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE THE JOHNS HOP		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary Chemic	126. KIND OF BUSINESS OR INDUSTRY
33	ISUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE  Maryland  Kent	er institution, give residence before admi 13c CITY OR TOWN Chestertov	113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Mt. Vernon Ave	21620
15/70	14 FATHER'S NAME FIRST George A. Bel	DIE LAST	15. MOTHER'S MAIDEN NA		(ASI
IMORE,	160 WAS DECEASED EVER IN U.S. ARMEE (YES, NO OR UNKNOWN) (IF YES, GIVE WA NO	FORCES? 166 SOCIAL SECURITY		ADDRESS ile living	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BE NG PHYSE IAN. THE LOC Equires that the death intent offending physicion. free this certificate has been signed by the orient physicion. os the buriol fronsit geomy. The progression of the orient production of the puriol from the production of the prod	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE  (c)  DUE TO, OR AS A CONSEQUENCE  (c)  DITTIONS CONTRIBUTING TO DEAT  196 CONDITION FOR WHICH OPER  Lere Dellar  216. TIME OF INJURY  HOUR A.M. MONTH DAY  P.M.  216 PLACE OF INJURY	TOP  RATION WAS PERFORMED  TO MOY  YEAR  19  216. HOW INJURY OCCURE  19	YES NO P YES E	VERE FINDINGS USED  G CAUSES OF DEATH?  NO []
TO HOSPITAL OR ATTENDI retorned (2) the flospital on TO FUNERAL DIRECTOR. A should be detoched for use with the Stote Dept. of Heal LIMPORTANT If from 21.55 m.	220.1 certify tho (1) (this hospital) sow the deceased aftive on obove, (1) (we) (did) (did not) vii 228. SIGNATURE  228 PHYSICIAN'S NAME (TYPE OR PRII  KEVIN D. JU  230. BURIAL CREMATION, REMOVAL 2	ew the body ofter death.  NII  D  3b. DATE Oct 6 1986  Park	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 600 N. WO E OF CEMETERY OR CREMATORY WOOD CEMETERY	MEDICAL STAFF DIRECTOR PHYSICIAN PLANTS ALTO,  23d LOCATION BETTE MORE, Md.	22c. DATE SIGNED x 10-3-86 MD. 21205
DHMH - 16 60M 7/84 (VRA 15, 4)	JW Illing	Olly Cheste	lis Wells rtown, Md.	OCT 0 6 1986	

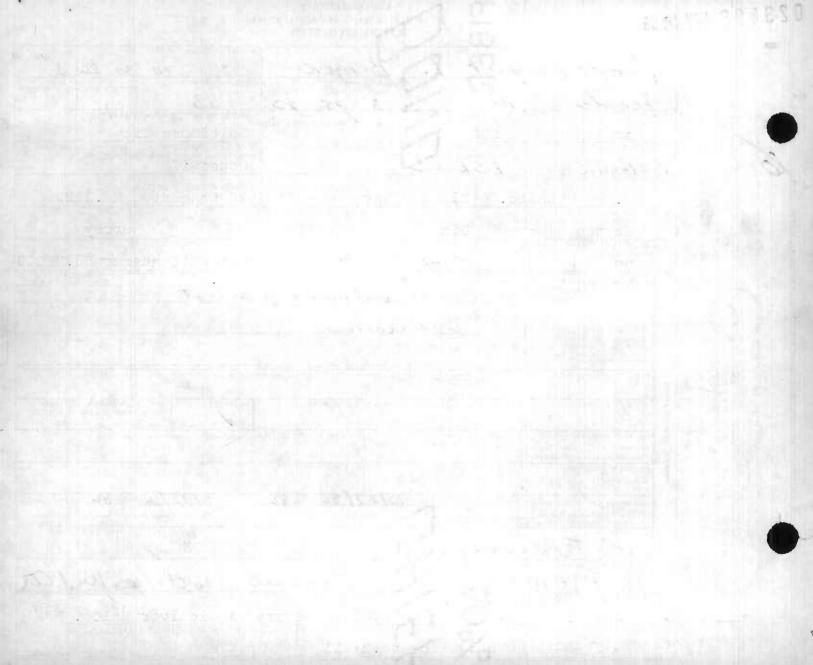


00	SOOF		FOR			DEPARTMENT OF	HEALTH	I AND MENTAL H	YGIENE			410	-3		
00-	LAUUS		STATE REGISTRAR		MEI	DICAL EXAMIN	ER'S C	ERTIFICATE O	F DEA	TH O	REG	NÓ:	1 8	5 7	1
	17	1 DE	EASED NAME	FIRST		MIDDLE		LAST	2	o DATE I	KNOWN	MON	NTH DAY	YEAR	26 HOUR
	13 2 3 S L	(TYP	E OR PRINT)	Stacy	71-15.	Marie	Ben	nett		OF	ESTI- MATED			8/19 86	
	IS NECESSARY, PLEASE FUNKRAL DIRECTOR. E. 5. FOR YOUR FILES. ED, WITHIN 72 HOURS IN WERESTON STREET,	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YE		IDER I YR. IF UNDER	24 HRS 2	c. DATE		MON	TH DAY	Y YEAR	111
	REC JR P JR P J ST	Fo	m = 1 =	Tibito	MONTH DAY	YEAR LAST BIRTHD	AY) MONTH			RONOUN		10	1/ 10	3/1986	3:05
	A NOT TO T		male	White	May 5,	1969 17 YE	RS.			-	ORE CIT	Y OR COL			ам
	SE S	FO	REIGN COUNTRY)	TATE OR	1	IAI COUNIRY?		ED NEVER MARRI	ED 🔁			_		DEATH	
	AND SAN		ryland		U.S.A.		WIDOW					re Ci			MD.
	SER SER	10. CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	, OR OTH	ER INSTITUTION		OST OF WORK		TYPE OF WO	RK 12b. K	OR INDUSTR	SINESS
	1. IF ANY DELAY IS NEC 2. AND 3 TO THE FUNE 3. RETAIN PAGE 5 FC SHOULD BE FILED, WI ALRECORDS, 201 WP		Balti	more City	Universi	ty Hospita	I S.T	.U.	Stu	dent			Hi	gh Sc	hool
5	OR DE STATE	130. S		(IF IN NURSING HOME C		136. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREE	ET ADDRE	SS				
2120	A N N N N N N N N N N N N N N N N N N N	Man	yland	Balt	imore	Parkton		YES NOXX	1961	5 Dov	wnes	Rd./	2112	.0	
M.D.	H. 3.	14. F/	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDE	NNAME	M	IDDLE			LAST	
	E	0	rvin		Ε.	Bennett		Linda		M.			R	lose	
WO	SHEET F	160. V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT		19	9615	E Down	ies R	d.	
BALTIMORE	E		10	(18 163, 0176				Irvin E.	Benne					1120	
3	D. W.		18. CAUSE O	F DEATH (Enter an	ly ane couse per line	far (a), (b), and (c).)								APPROXIMATE	INTERVAL
TST	D WITHIN 24 HOURS PENCIL IN ITEM 18. AMINER ALONG WI L. TRANSIT PERMIT. ENTAL HYGIENE, DI COR REMOVAL.		PARTIDE	A TEL VALAC C ALLCE	D DV	Crai	nio-c	erebral In	iurv				BE	I WEEN ONSE	AND DEATH
PRESTON	SCIENCE STATES	/	8/5	3 IMMEDIA		AS A CONSEQUENCE									
RES	HIN INSI			ns, if any, which											
× .	NI AND			se to immediate stating the under-		AS A CONSEQUENCE	OF.								
102	N A A N		lying cou	ise last.											
5.3	BE EXECUTED WITH BENCIL INDING: IN PENCIL EXAMINER EDICAL EXAMINER S.A BURIAL - TRAN ILTH AND MENTAL IREMATION, OR REF		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASI	F OR CONDITION GIVEN IN PA	PT 1 (w)						
RECORDS	TE SHOULD BE EX WORD "PENDING FE CHIEF MEDICAL BE USED AS A B ENT OF HEALTH A BURIAL, CREWA	Z					mac orsease	t on condition office in the	NI I IU.						
REC	A CANALD A	CERTIFICATION	190 DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?					120	AUTOPSY?	>
IAI.	SAL SEE SE	5											1.0		
OF VITAL	WOR SE	ER	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	121c HC	OW INJURY OCCURRE	D JENTER N	ATURE OF IN	ILIRY IN ITEA	A 18 PART 1 C	DR PART 21	YES 🔲	NO [X
	SHEET S		LINDEDIVING	TXOR	HOUR XXX	MONTH DAY YEAR	5							ontro	,1
DIVISION	CERTIFICA TING THE SED TO TH 3 SHOULD DEPARTM	MEDICAL	214 INJURY C			10/ 17/1986		senger on	HOTOI	CACT	e un	at IC	JSL C	OTTLLO	<u>'                                    </u>
ž	CE 3.5	W.		NOT WHILE D	STREET, FACT	ORY, FARM, ETC.)		k & Everet	+ D3	CITY OR TOY	NN m	000 (	COUNTY	Ma	STATE
	THIS WARI PAGE 2120		AT WORK	AT WORK	Y.	oadway	Yor			, Ba	T LTTIK	ore c	Journ	-y, Ma	•
	EXAMINER: THIS CERTIFICATE SHOULD BE FORWARDED TO THE CIDING PAGE 3 SHOULD BE FORWARDED TO THE CIDING THE STATE DEPARTMENT OF		220. I certi	fy that I taak charg	ge of the remains des	cribed obave, held an	Autop	sy , Inspection	X,	Inquiry		and in my	y opinian		
320	N SER PER	1	death result	ed fram: Notu	ral causes .	Accident X, Su	icide .	, Hamicide .	Undeter	rmined ma	nner	].			
10	EXA CERT JUD B DIRE WAR	1	wenterm	/	//			TITLE (SPECIFY)							
	AACHE,		SIGNATURE.	7/12	- F		M	D. Assistan	t MEDIC	CAL EXAM	INER	DA SK	ATE ]	10/18/	86
	DEA ST. TE TO		CV A M IS DIC		//										
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M		EXAMINER'S (TYPE OR PRI	NT) Wil	liam M. Za	ane, M.D.	740	ADDRESS1	ll Pe	enn S	t.				
	5AA 5AA A	230.B	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOC	ATION			COUNTY	ST.	ATE
07/84	BP		rial	C	Oct. 21,19	86 Stablers	Cem	etery			ı, Ba			Mary	land
25M	DHMH - 17		JNERAL DIREC			Franklin St			REC'D. BY	REGISTRA	R 25b R	EGISTRAR	'S SIGNA	TURE	
	(VR A15 ME (5))	J.			, New Fre		17349	7 (20 2) 1	234	REGISTRA	the.	/hunda	-4	white,	•

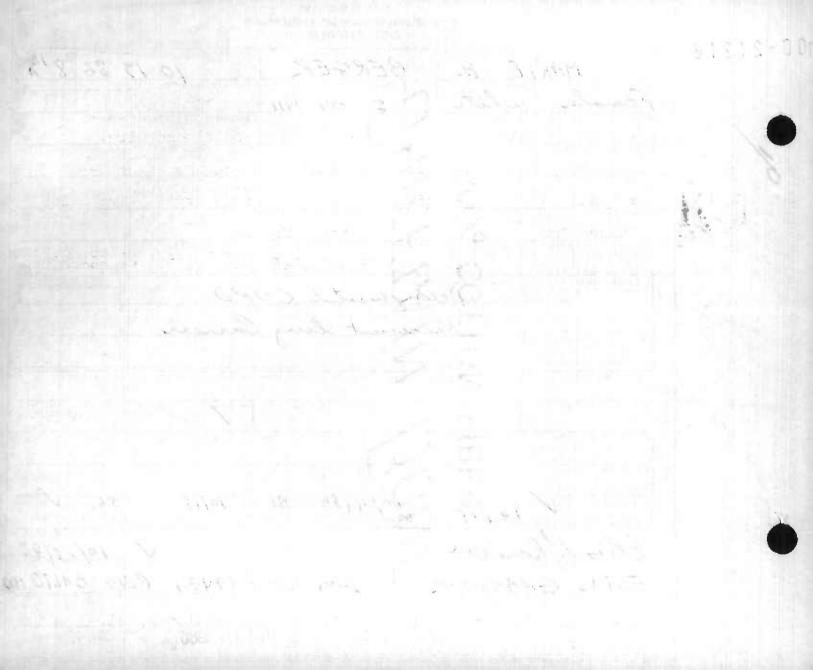
STATE OF MARYLAND



0231	196	NOV	10	BERT			DEPARTI	AENT OF H		MENTAL HYG	IENE 8	5	27	તે ૪ ઇ
			1	REGISTRAR ECEASED NAME	FIRST	- 0	MIDDLE		CATE OF I	DEATH	REG	G. NO.	DAY YEAR	26. HOURY P
2	Sect 3		30	Berger	Ma	igure.	F L.	B	2190	K		10	30 80	2 3 M
4 mg	other s		3.5	T /		4. KACE		5. DATE C	F BIRTH DAY	YEAR	6. AGE (INYEARS LA	ST BIRTHDAY)	MONTHS DAY	
Poor	direc	0	Tu	BIRTHPLACE ISLATIONS	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	25	23	9 BALTIMORE CIT	YR:		
	12	2	1	Marylan		US		WIDOWE	D D	MARRIED U	Baltim			MD.
:6	100	8	1	BAllmore	1	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET C	ADDRESS)	R OTHER INS	TITUTION	126 USUAL OCCU TYPE OF WORK FOR M Housew	OST OF WORKIN		O OF BUSINESS OR
AND ZPO	filled in	3	USS IA	Md.	136 COUN	other institution ity	13t. CITY OR TOW Middle	'N I		NO **	13e STREET ADDRE	ess/zipco nerto	on Rd.2	21220
ARYL	derely d 2 st	12	V	FATHER'S NAME		MIDDLE	LAST			S MAIDEN NA	ME	DIE		LAST
E. M.	54	16/1	160	George WAS DECEASED EVER			Dix 166 SOCIAL SECU	IRITY NO.	17 INFORMA	tle	Al	DDRESS	Murrey	
OWIL	Pope	12	4	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-22	-4769	Char	les B	erger 82	25Lanr		
BALI	popular	at, the	Г	18 CAUSE OF DEATH PART I. DEATH W	H (Enter on AS CAUSE)	ly ane cause per D BY:	line lar (a), (b), an	d (cu)	0	10,150		7	APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
15 1	200	1		Part Service		E CAUSE (a)	cara	N Dec	emo	nay	- ances	7		
510	4	o mino		Conditions, if any,	which	DUE TO, O	R AS A CONSEOU		m					
W. PRE	7	other tro	Г	gave rise to imm cause (a), statin underlying cause	g the		R AS A CONSEQU	ENCE OF						
25, 201	part bled	ury.or	2	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	D TO THE TERM	AINAL DISEASE OR (	CONDITION	GIVEN IN PART	lio
IL RECORD	In been to permit The	1 Aug 140	TIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CE	YES, WERE FINE RTIFYING CAUS	
OF VITA	physici erficote abtronsi	of the state of th	TAL CERTIF	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEA	HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW IN	NJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART 2	9
IVISION G PHYS	offending ter this of the burn	rked as	MEDIA	21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATH		CITY	ORTOWN	COUNTY	STATE
d HENOR	TOR: At for use of	21 is ma	1	220.1 certify that (1) saw the decease obave, (1) (we) (s	ed alive an		19	10/2	7/ 5% ad that in (my	19 <u>87</u> ) (aur) apinion	deoth occurred on t	30 /86 he date and	hour and from the	
	the hose At DIREC estoched	T. If hers		226 SIGNATURE	-00	mi	1 m	D	DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF HYSICIAN 🛭	22c. DA	TE SIGNED
HOSer	toined by to O FUNERAL hould be der	POSTAN		B, F	1	ning	1		22e ADDRE	ss ove	3 540	ut 1	well	nd Ctr
10	1 22	137	23	BURIAL, CREMATION,		23b. DATE				CREMATORY	23d LOCATION	VN	COUNTY	STATE
	ВР	-	24	Buria	1	11/3	/86   H	olly	HillCe	emeter	y Middle			
DHA	AH = 16 50A (VRA 15, 4			onnellyFu	nera	1Home	300Mace	Ave.	21221	NOV	V - 6 1986	. 1	ia Dioidon	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOU! TYPE OR PRINT MARIE IF UNDER I YEAR 3. SEX & AGE (IN YEARS LAST BIRTHDAY) Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY! Maryland USA Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Good Samaritan Hospital homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 136 COUNTY 13e STREET ADDRESS / ZIP CODE MORE TOWN 113d. INSIDE CITY LIMITS? Baltimore 5070 Orville Ave 21205 Maryland YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDIE Nelson Orr Marie Mullin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Balto, Md. 21206 216-18-367B Elizabeth Berger, 4833 NO Greencrest APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hern 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE AT WORK 220.1 certify that (1) (this Applied) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN ould be out 23a. BURIAL, CREMATION, REMOVAL 73b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 10/18/86 Gardens of Faith Baltimore, Md. 24 FUNERAL DIRECTOR 25a. DAVERECTI DER 25b. REGISTRAR'S SIGNATURE 3331 Brehms La DHMH - 16 60M 7/84 SCHIMUNEK FUNERAL HOME, Balto, Md. 21213 (VRA 15, 4)



0.0.0.	FOR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG	HENE	
-22250	- STATE REGISTRAR	8 REGINO. 2	7900		
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
7 50	CHARLES	F.	BERNADY	OCTOBER 27.19	986 10.15
6 64	3, 5EX 4, RAG	CE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
4 000	Male	White	MT 26 12	74 YRS	MIN.
2 32 20	To BIRTHPLACE (STATE OR FOREIGN & 76. CI	TIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
127	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE	M
1 133	(1	IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION DORESS) OPKINS HOSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Sheet Metal Work	12b. KIND OF BUSINESS D'INDUSTRY ET U.S. Coast
0.00	USUAL RESIDENCE (IF NURSING ) DIME OR OTHER 130 STATE 184. COUNTY A.A.	INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	ADMISSIONI N 136. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 5708 Phillips S	
主题 无	MODLE MODLE	TAST	15. MOTHER'S MAIDEN NA		) A 5 7
17/19		R. Bern	ady France	B.	Chovanec
2 2 2	160 WAS DECEASED EVER IN U.S. ARMED F			ADDRESS	
11 19	THES. NO ON UNKNOWN) THE TES GIVE WAR	213-03-8	375 Annette J. H	Bernady Same a	s 13e
1	18 CAUSE OF DEATH (Enter only one	cause per line for (a), (b), and	lic (-)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 411	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	USE (0) Cardisp.	Lunarary arrest		5 min
1 121 -		DUE TO, OR AS A CONSEQUE	NCE OF		
8 1175	Conditions, if ony, which	(b) aplasea	2º cherotad	77	
1 1100		DUE TO, OR AS A CONSEQUE	NCE OF .		
1000	underlying cause lost	(c) acusta	myslocytic le	Menin	
	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	V IN PART 11a
128 17	THE DATE OF OPERATION	96. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
		TIB. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
11111	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
See and a		THE PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
0 f 1 f 0 f	WHILE NOT WHILE AT WORK	AT HOME STREET, PACTORY, OFFICE, FA	KW ELC )		
をなる	22a.1 certify that (1) (this hospital) at	ttended the deceosed from	1014) 19 14	10 10/27 101	g g that (I) (we) lo
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	about, II we)(did)(did not) view	v the body after death.	Roo, and that in (my) (our) opinian	death occurred on the date and hour o	and from the couses stated
P P P P P P P P P P P P P P P P P P P	IN SIGNATURE A /	10	DEGREE		220 DATE SIGNED
A A CONTRACTOR	16 / Normal		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/27/86
TANE /	22d. PHYSICIAN'S NAME TTYPE OF PRINT		22e ADDRESS		
F1 E350	Hnn ( Non	11	John Ho	- Okans Howarda	

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION REMOVAL ISPECIFY) Burial

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

10/30/86

25. DATE REC'D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE

COUNA . A .

Mde

Partermore

				STATE OF MARYLAND		
10-20696	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYO  CERTIFICATE OF DEATH	GIENE & &	27901
70 20030		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
y be death		CEASED NAME FIRST ROPE	SOT MIDDLE	BETTS	20. DATE OF DEATH MO	0001 = 3-4
yor god	3. SE	x	1. RACE	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTHDA	
ge 4 m ector.		MALE	BLACK	MONTH DAY YEAR 9	77	MONTHS DAYS HOURS MIN.
क के दे दे			6. CITIZEN OF WHAT COUNTRY?	8 MARRIED D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
deoth.	1	U.S.A.		WIDOWED DIVORCED	Balto.	County My MD.
1/2/2	110 C	ITY OR TOWN OF DEATH	I I NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION  (TYPE OF WORDFOR MOST OF WO	
57 3	1180	MI I MORE	FRANCIS SLOTT I	LEY MED CIR	Labore	STEEL
5 5 5	USU	AL RESIDENCE (IF NURSING HOME OR I	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	La expres apprece ( 7)	0.0005
MARYLAND 2120 ed within 24 bows.	130	ManVland	Salto 13. CTY OR TON	YES NO P	2525 S	Scan - 2121
<b>2</b> 4 4 5	25 I4 F	ATHER'S NAME	13-0-0	15 MOTHER'S MAIDEN NA		Teta - Galla - La
AR FEET SE	360 1		AIDDLE DIAST-	T FIRST DIT	WIDDIE	LAST
		N X V	15.00	o lashe	ADDRESS	unning ham.
or nd o	2 160	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU		1 01	
- Poo	X_	110	213-07.	-2921 Mrs Gevlu	il betto	2525 Sycamore any
BALTIMORE, core be execu- ysicion and co opers. Pages I wol.		18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), an	dice. 1. A.		APAROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the second		PART I. DEATH WAS CAUSED	CAUSE (o)	= (ardio-Kesp.)	prest	
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PRESTON he death of he ottendin emove carb imption, or		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		STATE OF THE PARTY
RES e de notion trou		gove rise to immediate				
W. P		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
or o iol			(c)			
DIVISION OF VITAL RECORDS, 2 NG PHYSICIAN, The low requires of the this certificate has been signe as the buriol-transit permit. Then by th and Memal Hygiene prior to bur orked or Item 18 shope, any injury.	Z	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to (</u>	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITI	ON GIVEN IN PART Tro
been been brior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	700 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
L REC	X 1 E	C.ETTO TO THE			YES TO NOT	CERTIFYING CAUSES OF DEATH?
VITAL AN. Th hysicio ficote h fronsit I Hygie 118 sho	= =	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71/ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES NO
N OF VITA SICIAN, TI ag physici certificate miol-transit ental Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DEA	MOUNT A ME MONITH D	AY YEAR	THE TENTER INVIORS OF INTERFER	IEM IS PART I OKPART 2)
ON OF TYSICIAN drug phy secret from Journal or Henrial	1 5	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY e buds d M	MEDICAL	21d. INJURY OCCURRED	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) 211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS THE THE THE THE THE THE THE THE THE THE	-	AT WORK NOT WHILE AT WORK			,	~/
Af A		22a.1 certify that (1) (this haspit	of ottended the deceased from	29118 1986	2 10 10 108	. 19 86 , that (1) (we) last
TOP TIEN		saw the deceased alive on above (I) we) (did) (did not	10108 193	ond that in (my) (our) opinion	death accurred on the date of	and hour and from the couses stated
REC A A		22b. SIGNATURE	view the body offer death	DEGREE		27c DATE SIGNED
The Day		Insca	· m	ATTENDING	MEDICAL STAFF	4 VD/08/8/2
Stort Stort		77d. PHYSICIAN'S NAME (TYPE OF	O DDINIT)	PHYSICIAN [	DIRECTOR PHYSICIAN	10100100
HOSPITAL med by th FUNERAL vid be detent of the State	/	ING CHIL	o mo.	FERMC		
TO HOSPITAL TO FUNERAL should be determined by the Store	/					
25 2007	130	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	AME OF CEMETERY OR CREMATORY	23d LOCATION	1. A A SOUNT STATE A
BP		Burial	16-11-86 1	J Calvary Ce	m Cedal k	tel Rd. mich
DHMH - 16 60M 7/8		UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 25b.	
(VRA 15, 4)	~   \	ames A. Mas	tonr Sons	101 Laurens	UCT 1 0 1986	addingly-neophibis
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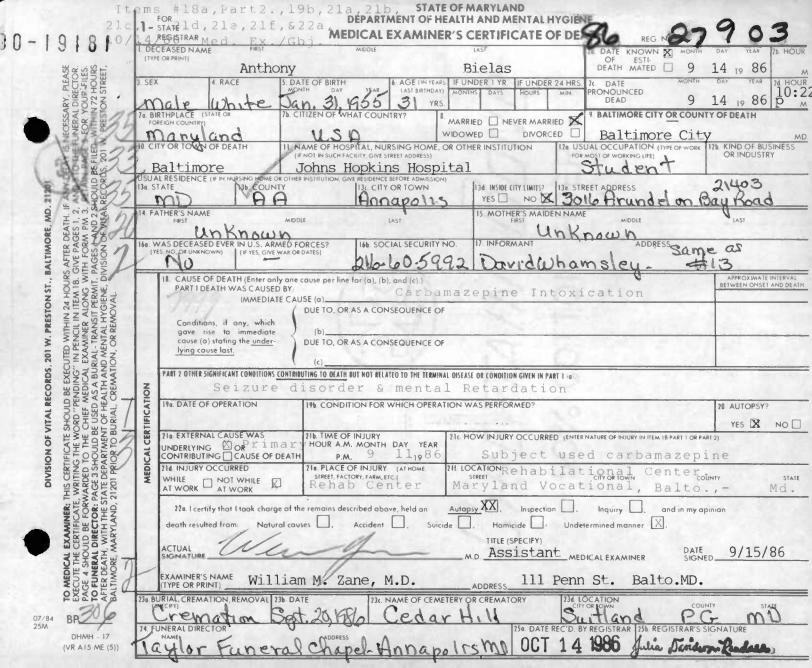
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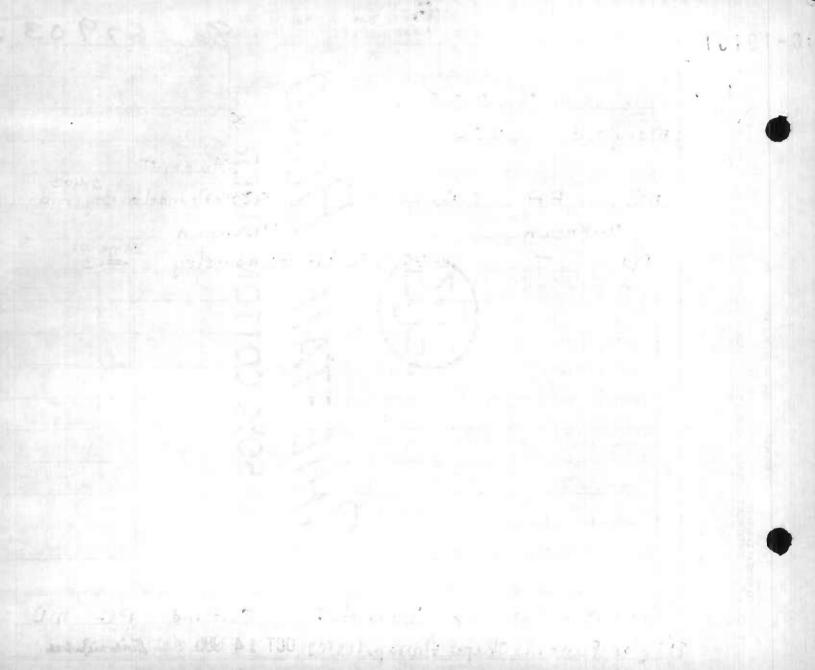
STATE OF MARYLAND

1-					E OF MARYLAND					
	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL F	YGIENE	910		279	202
DE	CEASED NAME FIRST		MIDDLE		AST	20 DATI	OF DEATH	U.	NAV YEAR	24 HOUR
	HENRY		ASON	BEV		70 DATE		brober	18,1986	8:50 pm
1. SE)	×	4 RACE		5 DATE C		6. AGE	IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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(	RTHPLACE (STATE OR FOREIGN COUNTRY)  IARYLAND	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY  MD  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Custodian  12b. KIND OF SECTION (INDUSTRY)  INDUSTRY  Balto. Public			
BALTIMORE			11. NAME OF HOSPITAL, NURSING HOME OF THE LOUD NORTH HOSP			(TYPE OF				
130 S		AE OR OTHER INSTITUTION	13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS	? 13e STRE	ET ADDRESS	/ ZIP COD	Baltimo	re, Md.
_	laryland		Baltimor	e	YES X NO		9 Mc C	ulloh	Street	21217
4 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
1	John	W.	Bevan		Matti	e			Hol	mes
	WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)		166 SOCIAL SECURITY NO. 17 INFORMANT 705			05 Radi	Radnor Avenue			
	No.	140-10-6218 Wilbert Bevans Baltimore, Maryland 21212								
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)							BETWEEN OF	ATE INTERVAL NSET AND DEATH	
	PART I. DEATH WAS CA	DIATE CAUSE (a)	(anday	14.1/1	c Callane				50	min
	underlying cause last	-								
NO	PART 2 OTHER SIGNIFICA	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE OR CON	IDITION GIV	VEN IN PART 110	
THEATION		NT CONDITIONS CO			NOT RELATED TO THE TI		EASE OR CON	20b IF YE IN CERTI	S, WERE FINDING	GS USED DF DEATH? NO [
CAL CERTIFICATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ITION FOR WHICH	OPERATIO		200 A	UTOPSY?	206 IF YE IN CERTI	S, WERE FINDING FYING CAUSES (	OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFETHER NOTIFY MEDICAL EXAM 71d INJURY OCCURRED	19b COND  21b TIME C  HOUR A  P.  21e PLACE	ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 A	UTOPSY?	20b IF YE IN CERTI YI JRY IN ITEM IB	S, WERE FINDING FYING CAUSES (	OF DEATH?
14.554	PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  AND WHILE REPORT OF THE CONTRIBUTION 270 I Certify that (I) (this has	19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. HOUR A. ANNER) 21e PLACE (AI HOME STI	OF INJURY  M. MONTH DA  M. OF INJURY  REEL, FACTORY, OFFICE, F/	OPERATIO  YEAR  19  ARM EIC)	21c. HOW INJURY OCC	200 A YES: URRED (ENTI	NO CITY OR TO	20b IF YE IN CERTI YI JRY IN ITEM 18	S, WERE FINDING FYING CAUSES ( ES	OF DEATH? NO STATE
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14.554	PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  NOT WHILE AT WORK  270 I certify that (1) (this heads a contribution of the	19b COND 19b	OF INJURY  M. MONTH DA  M. OF INJURY  REEL, FACTORY, OFFICE, F/	OPERATIO  AY YEAR  19  ARM EIC)  Octob	21c. HOW INJURY OCC 21l LOCATION STREET  21l LOCATION STREET  ATTENDING PHYSICIAN 22e ADDRESS	200 A YES: { YES: { ENTITION OF THE PROPERTY O	CITY OR TO	20b IF YE IN CERTI YI YI YE IN ITEM 18	S, WERE FINDING FYING CAUSES ( ES  PART I OR PART ?)  COUNTY  19	STATE  STATE  state  auses stated
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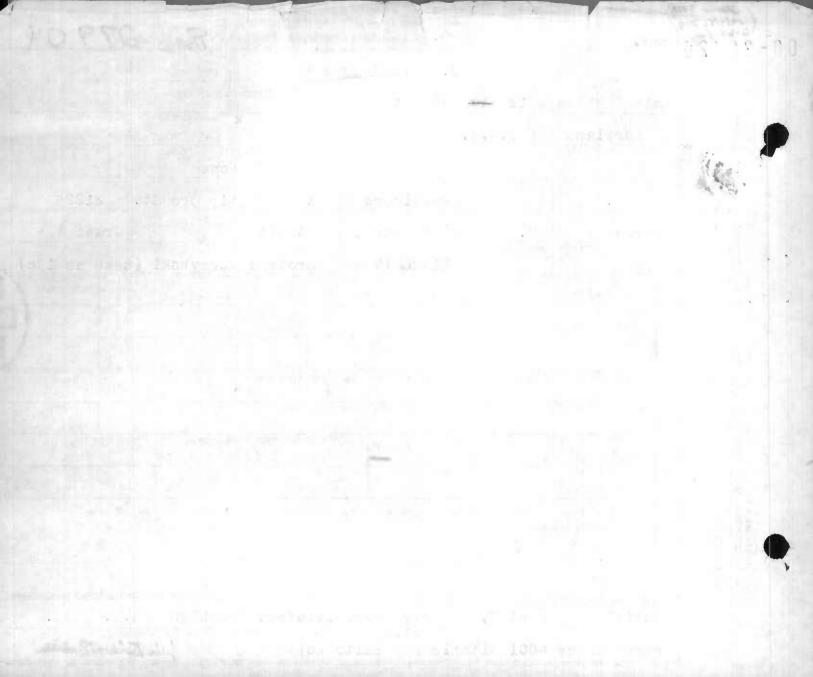
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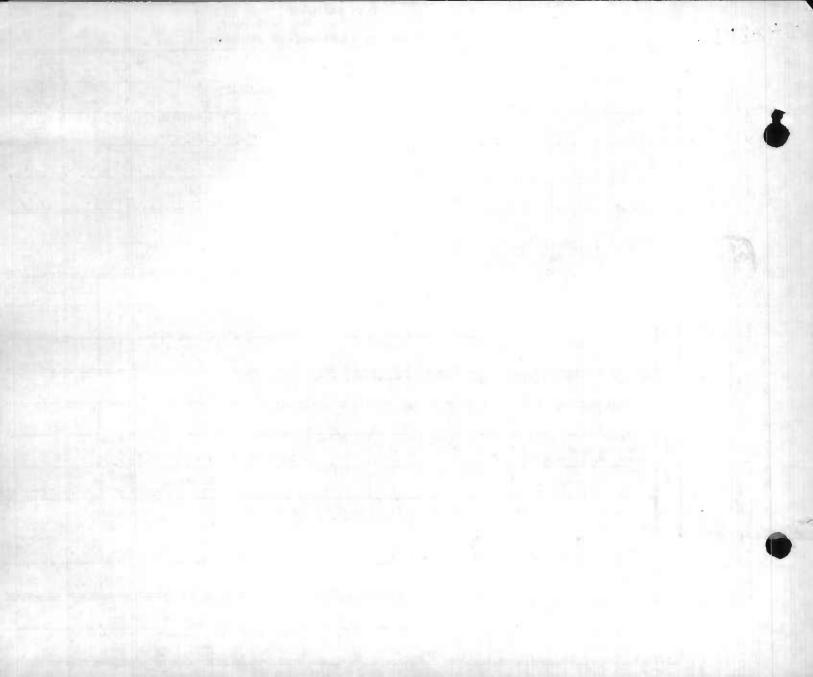


FOR Gb MEDICAL EX DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED 1 JOHN BIERBOWER 4 RACE 5 DATE OF BIRTH 24 HOUR 6 AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE 55 YRS 12 Male White 30 DEAD 10-3-86 19 BPM M BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED Baltimore City OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! None Baltimore Church Hospital 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3rd St. 21225 Baltimore MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Graef Charles Bierbower Maggie 7 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWNI I (IF YES, GIVE WAR OR DATES) 218-66-1483 Dorothea Korzybski (same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 K. seizure disorder.) CERTIFICATION (Quadriparesis secondary to subdural hematoma: TO MEDICAL EXAMINER: THIS CERTIFICATE ATTOUR SENDENCE EXECUTE THE CERTIFICATE, WRITING THE WORD SENDENCE ATTOUR SENDENCE ATTOUR SENDENCE AND SENDENCE ATTOUR STATE DEPARTMENT OF HEAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL AFTER DEATH STATE DEPARTMENT OF HEAL AFTER DEATH. USED / 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Z NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Subject fell & struck head. CONTRIBUTING A CAUSE OF DEATH THE LOCATION 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC)
bullding Henryton Hosp. Henryton, Carroll, AT WORK AT WORK | X 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Accident 1 death resulted from Natural causes Hamicide L. Undetermined monner TITLE (SPECIFY) ACTUAL DATE 10-4-86 M. Deputy ChiefMEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street 23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 86 Holy Cross Cemetery Brooklyn Oct 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** George Gonce 4001 Ritchie Hwy Balto Md Julia Denderro Ra (VR A15 ME (5))

da, hartas



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-22893 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN THE MONTH TYPE OR PRINT! OF ESTI-Billingsley Lee 10 3119 86 CESSARY, P. NERAL DIRECTI 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY PRONOUNCED DEAD 25, 1931 31 19 86 19 PM White TO BIRTHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland II.S WIDOWED [ DIVORCED |Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Computer Specialist U.S. Gov't University Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e. STREET ADDRESS BALTIMORE, MD. 21201 COUNTY 13d. INSIDE CITY LIMITS? Pennsylvani Glen Rock York NO □ 163 Hanover St./1732 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Alexander Billingsley Helen Alexander 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 163 Hanover Street YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes 213-28-2690 Sue M. Billingsley, Glen Rock, PA 1732 Korean War 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chest injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. FORWARDED TO THE CHIEF MEDICAL BY ONE AGE 3 SHOULD BE USED AS A BURNA HE STATE DEPARTMENT OF HEALTH AND ND, 21201 PRIOR TO BURNAL, CREMATICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:20 x M. 10 HOUR A.M. MONTH DAY YEAR 27 19 86 Driver in auto/parked van impact THE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK street 2700 Blk. Gwynns Falls Pkwy. Baltimore City/MI TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNEAR DIRECTOR: PAFER DEATH, WITH THE SITE ABABLIMORE, MARKLAND, 2) Autapsy X 27a I certify that I took charge of the remains described above, held an Inspection Accident K death resulted from: Suicide Hamicide Undetermined manner Notural causes TITLE (SPECIFY) ACTUAL DATE 11/1/86 Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. EXAMINER'S NAME Balto.MD. 111 Penn St. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Glen Rock, York Co., PA Nov. 4.1986 | Zion Lutheran Cemetery 24 FUNERAL DIRECTOR Second at Franklin Street 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE J. Hartenstein. New Freedom. PA 17349 (VR A15 ME (5))



marked or Item 18 shows any injury, ar ather traumatic event, th

IMPORTANT: Homem 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the bunal-transit permit. Then please remave as with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

TENDING PHYSICIAN The

BP.

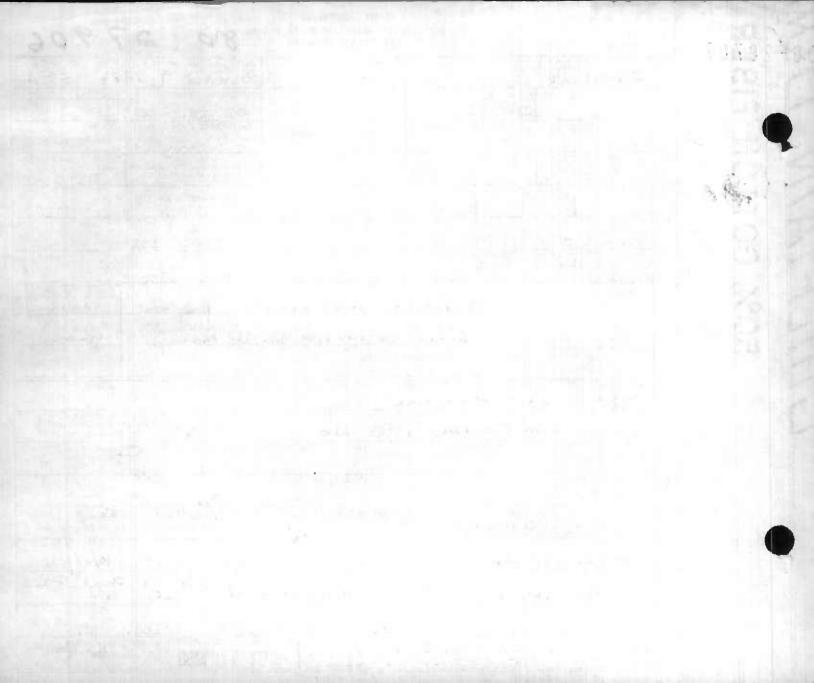
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	17	06
-	I. DEC	CEASED NAME CAROLI	NE MIDDLE	BINK		october 90 19	86 VEAR	530 AM
	I SEX	X	4 RACE	5 DATE			F UNDER I YEAR	IF UNDER 24 HRS
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	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
)	N	1d.	USA	WIDOW		Baltimore Ci-	- 57	MD.
-	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATION	17b. KIND OI	F BUSINESS OR
1		Baltimore /	(IF NOT IN SUCH FACILITY, GIVE STREE Mercy Hos	pita	1	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife		ome
Z	13a S	AL RESIDENCE (IF NURSING HIS TOP	OTHER INSTITUTION GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS2	13e STREET ADDRESS / ZIP CODE		
-	N	1d. M56	H-O Baltimo		YES NOVE	7118 Gough St	reet	21224
	14 FA	THER'S NAME	M/DDLE LAST		15. MOTHER'S MAIDEN NA	WE		
	3	John Baier	WIDDE		Cuningunga	a Mueller	LAST	
7	16s V	VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRESS		
000		YES NOOR UNKNOWN) (IF YES, GIV	212-36-	7948	James Binl	ko same addres	9	
		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), a				APPROXI	MATE INTERVAL
	7	PART I. DEATH WAS CAUSE	110000	Hon	mer mana		100	
		8847	DUE TO, OR AS A CONSEQU					
		Conditions, if any, which	( b) Churic		: multine lun	y disease	40	ars
d		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			0	
		underlying couse last	(c)	LIVEL OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110	
	CERTIFICATION	organic 5	air Syndron	ne				
2	₹ I	194 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDIN	IGS USED
	TIF	September 22,19	in Fractive	rishs	- WP	YES NO YES	ING CAUSES	OF DEATH?
1	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	V5.15	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA		1 19 S	Cub Foll	F 11. Mrn. n	T	
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		36 Sub Fell	from chair	COUNTY	STATE
5	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,	FARM ETC	1010 T 4 -	W. S. MALY WINES	COUNTY	STATE
5		22a.l certify that (1) (this hospi	tal) attended the deceased from.	Sept	ember 21, 19 860	1 0 S C C C C C C C C C C C C C C C C C C	86	that (1) (we) last
)		saw the deceased alive an above, (1) (we) (did) (did no	the bady after death	66 .01	nd that in (my) (our paynignic	that accorded on the date and hour	and from the c	couses stated
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		276 PHYSICIAN'S NAME (TYPE O	R PRINT)		77e ADDRESS	7 N St	Q-11	<b>D</b> 1
		Helon h	Jaller, Mi	2	Mercy Hosp	tal Bull	12 A	
	23a B	URIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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	24 FL	Chimunek Fun	eral Home	C.	25a DATE	REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATO	200
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		1			STATE O	F MARYLAND				
		1.	FOR STATE	DEP		LTH AND MENTAL	HYGIENE	<b>A</b>		00-
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1	1		ARYLAND -			ES NO		FOST		E-2122
	5.	14. F	THER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN	NAME	WIDDLE		LASI
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pric	6	V	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION V	WAS PERFORMED	200 AUT		IF YES, WERE FI	NDINGS USED USES OF DEATH?
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Hygi	5	Ü	210. ACCIDENT WAS UNDERLYING		2	It. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN IT	EM IB PART I OR PAR	17 2)
ental tr	ECI	¥	OR CONTRIBUTING CAUSE OF DI	KAIN	DAY YEAR					
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£ 3 3	3	23a I	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEM	ETERY OR CREMATO				
			SPECIFY)				CIT	ORTOWN	COUNTY	STATE
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16 60M 7	7/84	24 FI	INERAL DIRECTOR	ADDR	21	1224 250	DATE REC'D. BY	REGISTRAR 256, R		NATURE
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE			DEP		EALTH AND MENTAL HYG	SIENE	, 94	,	3 4
·	REGISTRAR					ICATE OF DEATH	8 4	G. NO.	. / "	0 0
	OR PRINT	FIRST ED		AIDDLE J	ANE	LAST BISHIUN	2g. DATE OF DE		- 01	26 HOUR
		EDN	A		1515	HTON		10	3 86	4-25 M
3. SEX	1	4.	RACE		S. DATE C	OF BIRTH DAY 18 YEAR 11	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DATE	
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	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUN			9 BALTIMORE	CITY OR COUN		
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10 CI	TY OR TOWN OF DEA	TH [11	LE NOT IN SUC	HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCC		126. KIND C	County
1	Saltemore	1	ileri	tu MI	edical	Center			nt Balti	.more
	AL RESIDENCE (# NURSI	136. COUNTY		GA RESIDENCE	BEFORE ADMISSION	113d INSIDE CITY LIMITS?	Lia STREET ADE	DECC / 718 CO	DC.	
	arvland			Balti		YES Y NO		RESS / ZIP CO		229
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160 V	VAS DECEASED EVER		D FORCES?		SECURITY NO.	UNKNOWN 17 INFORMANT		ADDRESS	unknown	
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	AR OR DATES)	407 0	g g000				ppaix Co	
	NO 18 CAUSE OF DEATH				3-3008	Margaret Pe	terson	Towson	APPROX	21204 IMATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D							R CONDITION C	GIVEN IN PART ?	0
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDING TIFYING CAUSES	NGS USED S OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTERNATURE	OF INJURY IN ITEM 1	8 PART I OR PART 2)	
MED	21d INJURY OCCURR  WMRE NOT WH AT WORK AT WOR	at []	21e PLACE (	DF IN JURY EET, FACTORY, O	OFFICE, FARM ETC )	211 LOCATION STREET	CI	ITY OR TOWN	COUNTY	STATE
	220 t certify that (1) sow the decease obove; (1) (we) (d	d olive on_	_10	13	06	nd that in (my) (our) opinion (	death accurred or	n the date and h		that (II (we) last couses stated
	226 SIGNATURE	ache	w	. 7	reta.	DEGREE  ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	/ 22c. DATE	3/86
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	URIAL, CREMATION, I	REMOVAL	23h DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE
_	remation		10/4/8	16	Westvi	ew Crematory		onsvill		Maryland
24 F	INERAL DIRECTORD,	150011	C. With	THO EL		OMOS D A 250. DAT				

DHMH - 16 60M 7/84 (VRA 15, 4)

1630 Edmondson Avenue, Catonsville, MD

TO HOSPITAL

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STATE OF MARYLAND

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IMPORTANT: If them 21 is marked or them 18 shows any

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STATE	OF	MAR	YLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

86	40: E	17	9	111	
	MONTH	DAY	YEAR	2b. HOUR	ī

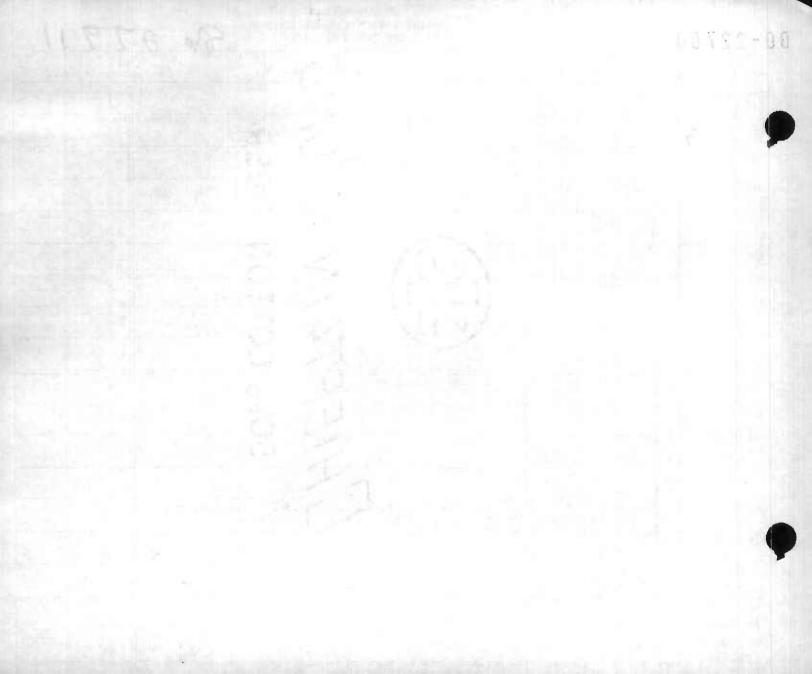
1.	FOR - STATE			EALTH AND MENTAL HYG	IENE Q	. 9	7911	
1 05	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTII	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR \$	
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1	MARYLAND	U.S.A.	MARRIE		BALTIMO	RE CITY		MD.
	BALTIMORE		AL, NURSING HOME C Y, GIVE STREET ADORESS I'	TAL	120 USUAL OCCUP (TYPE OF WORK FOR MO		12b. KIND OF BUSINESS ( INDUSTRY	OR
USU 130	AL RESIDENCE (IF NURSING HOME O STATE MD 136 COU		DENCE BEFORE ADMISSION) TY OR TOWN LT IMORE	13d. INSIDE CITY LIMITS? YES XX NO	3214 CA	SS / ZIP CODE RLISLE	AVE 21216	
14 F	ATHER'S NAME JOHN	H BLA	C'Ř'WELL	LYDIA	WE	B R	ANFÖRD	
16a	WAS DECEASED EVER IN U.S. AI		000 DCIAL SECURITY NO.	JANICE WE	ST 3216	CARLISL	E AVE 212	16
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	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 22b. SIGNATURE	10/27	19 86	nd that in (my) (our) opinion DEGREE		127, 19 ne date and hour o	and from the couses stated  10 - 27 - 8	
	122d PHYSICIAN'S NAME (TYPE BICH T	OR PRINT)  D WONG	<b>)</b> V		DIRECTOR PH	YSICIAN	WTER	0
23a	BURIAL CREMATION, REMOVA (SPECIFY) BURIAL	10/31/86		ON FOREST V	23d LOCATION CITY OF TOW OW IN	ÎGS MILÎ	STATE MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR DYETT &SON 4600 LIBERTY HGTS

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



page 3

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## STATE OF MARYLAND

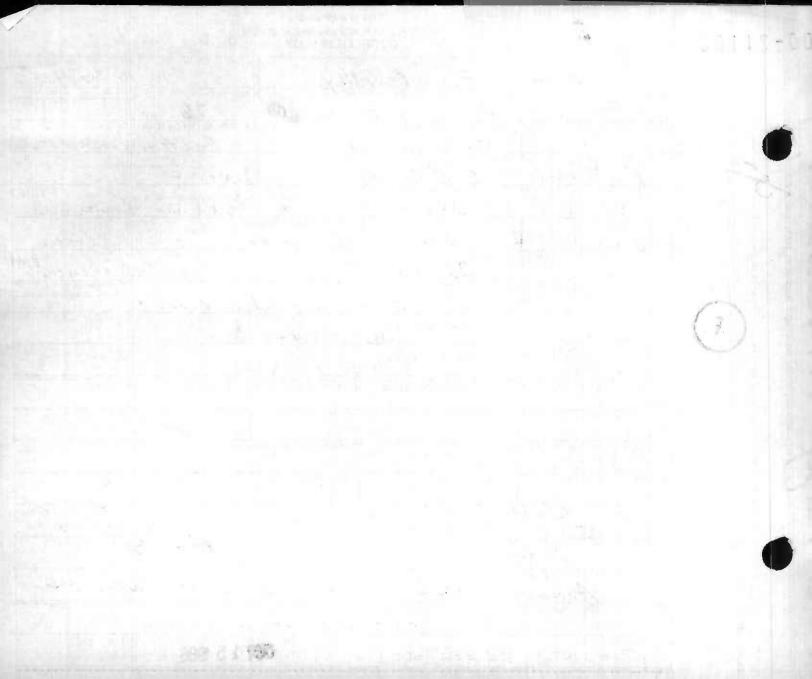
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	/	SIE		BLOOM	10:	20 HOOK
3. SE.	Female	4 RACE WHITE	5. DATE C	ENOWN YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 73	IF UNDER TYEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
M	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR USA	WIDOWE		9 BALTIMORE CITY OR COUNTY BALTIMORE	
В	ALTIMORE	N. NAME OF HOSPITAL, NUR	NADDRIHOS	PITAL	120 USUAL OCCUPATION  (TNONE'S FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRIONE
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUMARYLAND ATHER'S NAME	OR OTHER INSTITUTION GIVE RESIDENCE BEF JNTY 136. CITY OR TO BALTIMO	NWC	13d INSIDE CITY LIMITS? YES X NO 1		ATT. 704 HTS. AVE. 2121
0	SAMUEL  WAS DECEASED EVER IN U.S. A	MIDDLE LAST  BLOOM	CURTY	FANNIE	WIDDLE	SHERR
- (	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)			RRY KLAFFDDRESS	21200
NO		NONE		3413 TERRAP	IN RD. BALTO., MI	21208  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
35	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Card!		Immana	ourrest	BETWEEN ONSET AND DEATH
NO	PART 2. OTHER SIGNIFICANT	c heart	O DEATH BUT	NOT RELATED TO THE TERM	"TUPE INAL DISEASE OR CONDITION GIV	EN IN PART 110
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RTIFICATI	19a DATE OF OPERATION	196 CONDITION FOR WHIC			YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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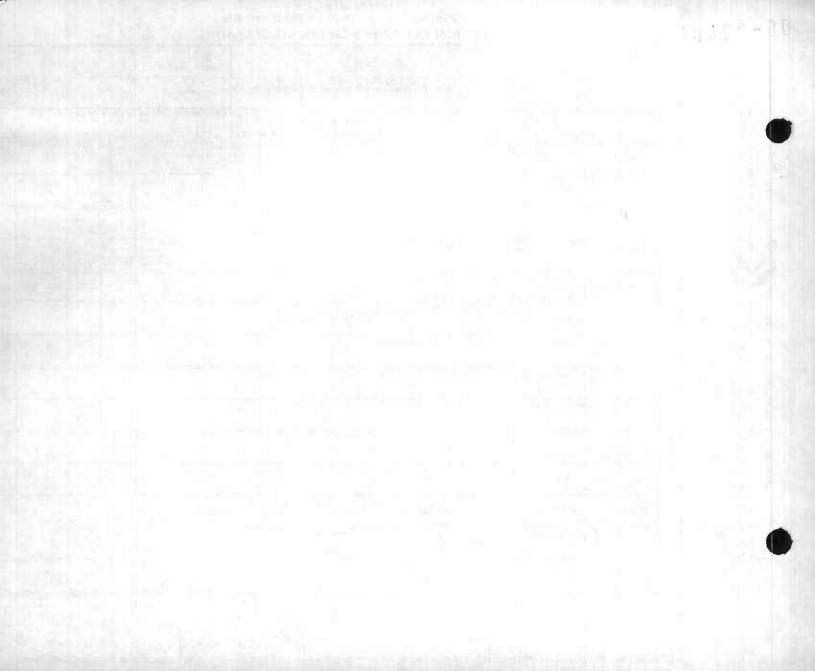
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	(VRA 15, 4		Mar	ch"funeral Home Wes	st 4300 Wabash "A	venue		DEF 1 5 1986	, was da	udsor-	All productions



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-2240 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-AY IS NECESSARY, PLEASE O THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS R. IDA BOCZAR 2519 86 10 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 11:37 PM Female. White Oct. 5 1905 81 DEAD 19 86 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Poland USA WIDOWED X Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS TO THE P OR INDUSTRY Baltimore Key Medical Center Seamstress BE RETAIN I USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Baltimore 3617 Bonview Ave. 21213 YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Wrzask Anna Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS. (YES, NO, OR UNKNOWN) No 213-01-3263 Edward A. Kokoszka 3742 Ravenwood Ave. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A B CERTIFICATION Diabetes mellitus 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 3 SHOULD BE L YES NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIER 0 P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described and Inquiry X eld an Autopsy Inspection Notural couses X death resulted from domicide Undetermined monner ACTUAL DATE SIGNED 10-26-86 sistant\_MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Buria1 10-29-1986 Holy Rosary Cemetery Balto. 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 more property 9 (VR A15 ME (5)) JOHN M. WEBER & SONS INC. 401 S. Chester St.



STATE OF MARYLAND

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24 FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND

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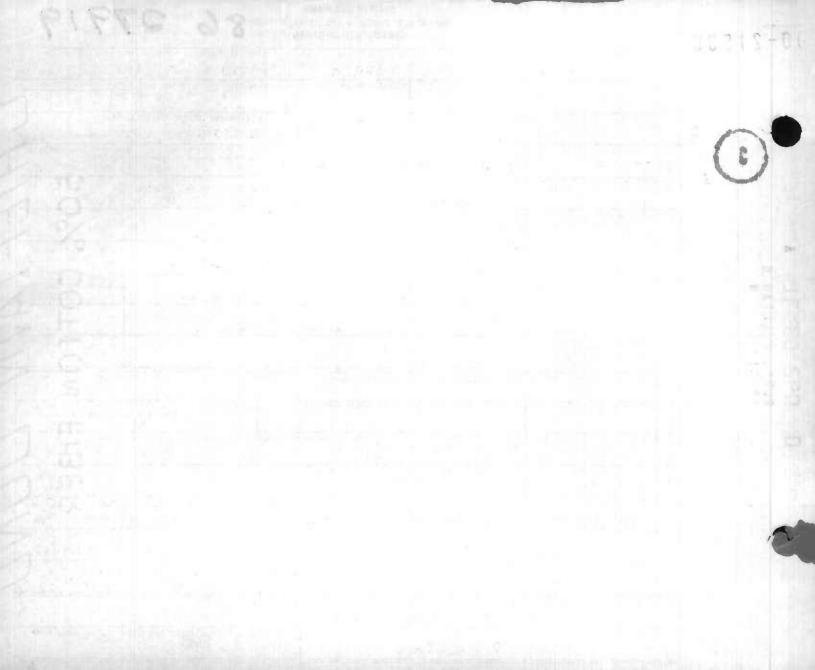
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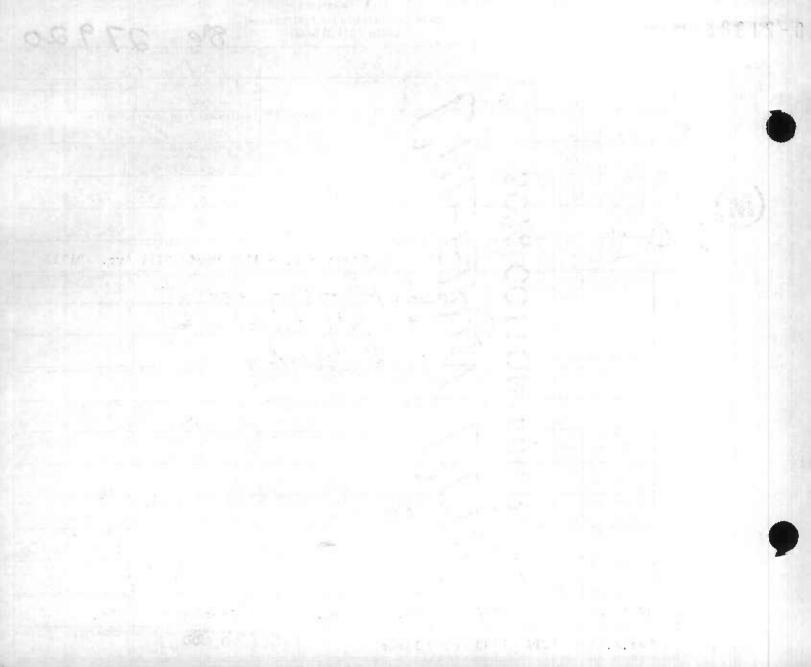
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page ;		3. SE	1 4 - 1 4 5 - 4 1	1 RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
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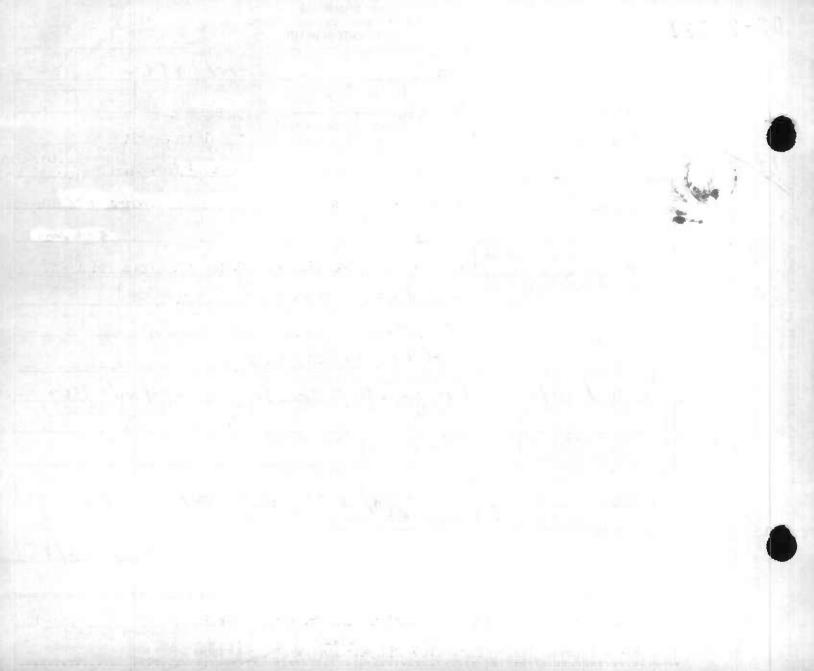
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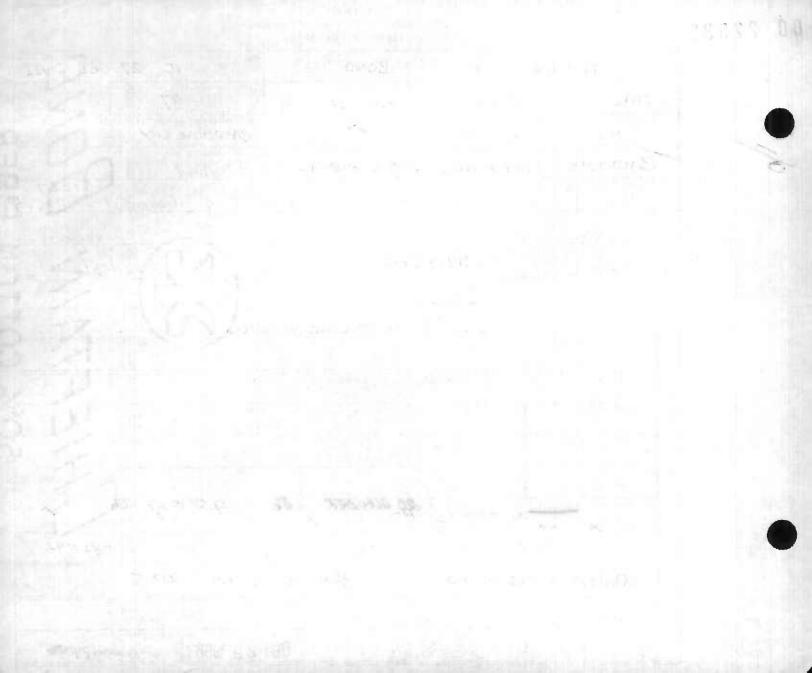
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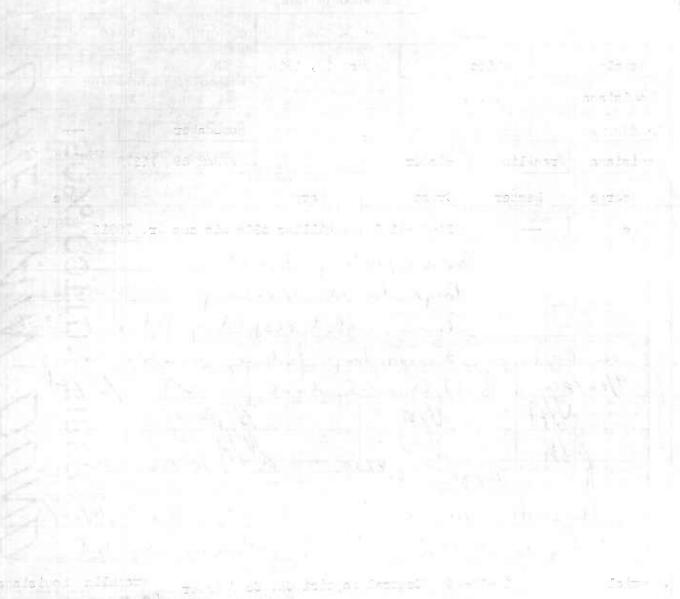
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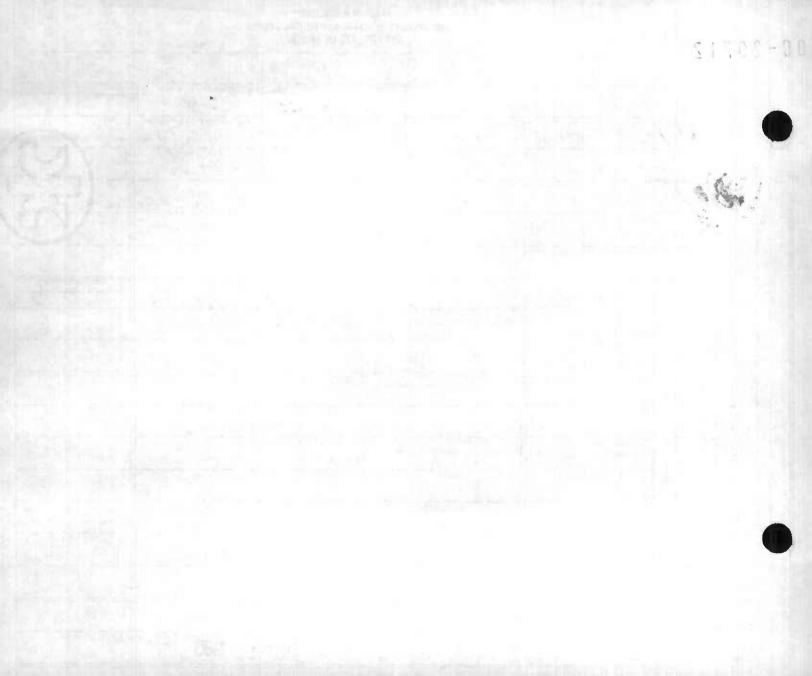
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ge 4 ma ector. po	3.	MALE	1 RACE BLACK	5. DATE OF BIRTH  MONTH  25  1899	6. AGE (IN YEARS LAST BIRTHDAY)  87	MONTHS DAYS HOURS MIN.
	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BANDMOVE CITY OF COUNTY	
3	7	BATIMONE	NORTH CHIVES	EMERIN HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Disabled	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 2	9	UAL RESIDENCE (IF NURSING PIDME 30 STATE 130/CO	POTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13-CITY OF TOVI	STOWN YES NO X	130. STREET ADDRESS ZIP CO	
BALTIMORE, MARTLAND  cate be executed within 2- ysician and campletely fill apers. Pages, and 2 meu val.  it, the medical examiner m	2	FATHER'S NAME  JUNES	MIDDLE BONG	Rachel	WE	Johnson
oe execution and con Pogeson	2	WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  (IF YES	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 21414 C		d 8014 a	Joodgate Ct
· - F 0 0 -		PART I. DEATH WAS CAU	only one couse per fine for (a), (b), or ISED BY:  IATE CAUSE (a)	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN: The law requires that the death certification of the death certificate has been signed by the attending posthe burial-transit permit. Then please remove carbon, the and Mental Hygiene prior to burial, cremation, or remarked or frem 11 has a minury, or other troumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU	INFECTED DECUSIONS		GIVEN IN PART I In
he law required on.  has been sign permit. Then ene prirar taben injury	7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
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OR ATTENDIO e hospital or O'RECTOR. A ched for use Dept of Heal		226.1 certify that (1) (this has sow the deceased alive above, (1) (5%) (add) (ds) 22b. SIGNATURE	on 19 of the deceased frame on 19 or	DEGREE ATTENDING	deoth occurred on the dote and	, 17
TO HOSPITAL ( retained by the TO FUNERAL I should be deta with the State I		226. PHYSICIAN'S NAME (1YP	me messen	22. ADDRESS 3640 For		15
ВР		Burial, CREMATION, REMOV. (SPECIFY) Burial		Name of Cemetery or Crematory Outus Memorial Park	23d LOCATION CITY OR TOWN Arbutus	COUNTY STATE
DHMH - 16 60M 7/B (VRA 15, 4)	4	March Funeral Home	West 4300 Wabash A		F 2 9 1986	SISTRAR'S SIGNATURE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-22569 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR I TYPE OR PRINT) IRBY BOOTHE OCTOBER 26, 1986 12:40A FELICE AGE LIN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HR August 16, 1918 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED U.S.A. Louisiana BALTIMORE CITY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOMEMAKET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE Wisner 130 SIREET ADDRESS ZIP CODE 71378 COUNTY 13d INSIDE CITY LIMITS? Wisner, Louisiana Franklin NO P 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Duke Lester Cruse Mary George ADDRESS 17. INFORMANT 166 SOCIAL SECURITY NO Baton Rouge, I YES, NO OR UNKNOWN T.Phillips 5324 Dickens Dr. 70812 434-68-7162 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: 10 me a IMMEDIATE CAUSE (a) Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11G 216. TIME OF INJURY YEAR HOUR A.M (IF EITHER, NOTIFY MOICAL PXANTINE 211 LOCATION 21e. PLACE OF INJUSTY STREET CITY OF TOWN COUNTY (AT HOME STREET, FACTOR 220.1 certify and that in (my) (aur) apinion death accurred on the date and hour and Iram the causes stated now the conteased alive an\_ e) (did) (did nat) view the hotty 77% SIGNATUR DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Franklin Louisiana Burial 10-29-86 Central Baptist Ch. Cem/Wisner 24. FUNERAL DIRECTOR AR 256 RESISTEAR'S SIGNATURE DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)



(VRA 15, 4)



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-5	IF ANY DELA LISTE 2, AND 3 TO THE 3. RETAIN PAGE 2 SHOULD PERION AL RECORDS 201 W. F	B	altimor	е	546 Bak	er St	reet				Constr	uction W	orker	OK II DOSTI	``
=	AND			IF IN NURSING HOME O	R OTHER INSTITUTION, G			ION)	lisa incincio	ITV HARTCO	liza CTDEET	ADDRESS		01017	
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BALTIMORE, MD. 21201	URS AFTER DEATH. IF  8. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S  , DIVISION OF WITH	1	ES, NO, OR HUKNOV	ANT (IF 152, GIVE	WAR OR DATES)	218-2	26-6290		Lede1	1 Bost	57	0 W. Gold	Street		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	E28338		lying cous	e last.	(c)										
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	TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE COFFINE AND FORCE, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRICE 10 BILL		100 TO 100 Marie				1 44	-		Inspectio	Ÿ				
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	FE CAN	1	EXAMINER'S N	NAME DE	ennis F.	Smyth	M.D.		ADDRESS 1	11 Pe	nn St		Balto.,	MD.	
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25M	BP	24. F	UNERAL DIRECT	OR						250 DATE	REC'D. 8Y RE		REGISTRAR'S S		М
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nay be page 3	1. DECEASED NAME FIRST MODEL LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) COTY Jermaine Roll PARKER 10-05-86 4/3 p.	244
ge 4 may ector. pag	3. SEX 14. RACE 14. RACE 15. DATE OF BIRTH 10. DAY 15. DATE OF BIRTH 10. DAY 16. AGE (IN YEARS LAST BIRTHDAY) 17. MONTHS DAYS HOURS MIN 17. MONTHS MIN 17. MONT	٧.
nerol diin 72 hou	TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED CITY  OF COUNTY OF DEATH  WIDOWED DIVORCED	MD.
1 43	Baltimore South Daltimore General Hospital, Nursing Home or other institution 120 usual occupation 126 kind of business of type of work for most of working life. INDUSTRY	R
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours success and completely filled by the species and 2 hours well. There denils and 2 hours for the completely filled by the species and 2 hours for the completely filled by the species and the completely filled by th	SUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 STREET-ADDRESS / ZIP CODE  YES   NO	
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TIMORE De seeco	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
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AL RECO	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	
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A ATTENDIA PRECIOR: A RECTOR: A PRECIOR: A PRECIOR: A PRECIOR: A PRECIOR: A PRECIOR PT. Of Health	22a.1 certify that (1) (this hospital) attended the deceased from 10 5 19 86, ta 19 86, that (1) (we) lassow the deceased alive on 10 5 19 86, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body alter death.	ist
0 0 0 0 0	DEGREE  MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
TO HOSPITAL retoined by the TO FUNERAL I should be detoined in the Store IMPORTANT: If	270 PHOSE JAN'S NAME (IVE GERRAL))  GOVIA FUELLES  South Bolt. General Hospital Balta MD 21	230
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR  NAME  Anatomy Board  ADDRESS  Balto., Md.  25 CATE REC'D BY BOSTRAR 25b. REGISTRAR'S SIGNATURE  JULIA DERISANT. Redistrar's SIGNATURE  ADDRESS  ADDRESS	

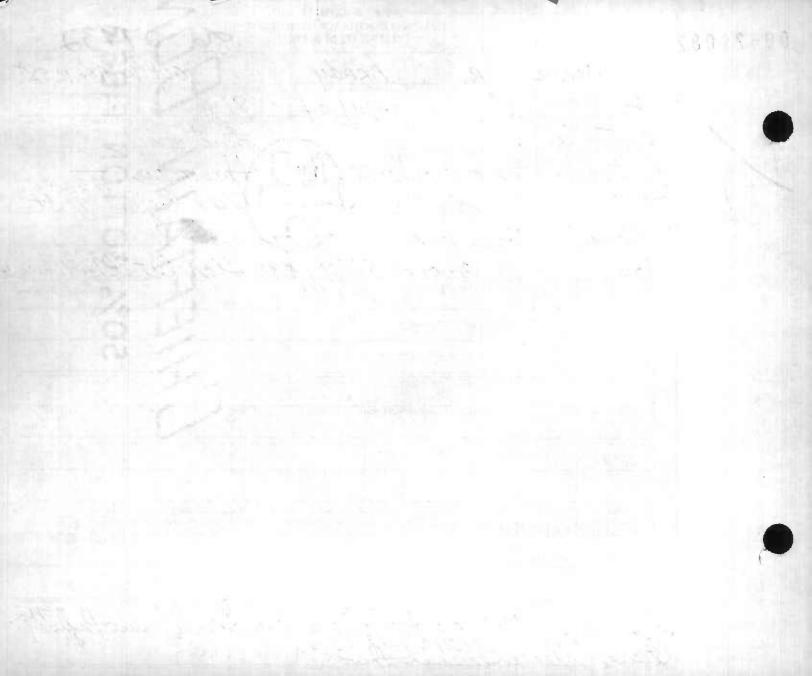
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BALTIMORE, MARYLAND 2120			WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SE		17 INFORMANT Everhart Fu		DDRESS	174	)3 Ivania
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	ng physicion of certificate harial-transit per la 18 stern la 18 s		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	F INJURY IN ITEM 18	3 PART 1 OR PART 2)	
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Di	HMH - 15 60M 7/84 (VRA 15, 4)		uneral director  ack Towson	Funer	al Home	, Inc,	1050 Towson	York &d. 250 DA Md. 21204 (	TE REC'D BY REGIST	RAR 256 REGIS	STRAR'S SIGNATU	JRE tandall

	FOR - STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE 8 6 2	7 3 3 0
0-22989	REGISTRAR  1. DECEASED NAME FIR	Genevieve	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
of the party of th	Lav		100 y 0 S 1	10/31/1986	7 30 m
* 50 50	Female	White	5. DATE OF BIRTH  12/9/1914  12/9/1914	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	MONTHS DAYS HOURS MIN.
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AND 212	Maryland Maryland	ome or other institution, give residence ber COUNTY 136 CITY OR TO Balti	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL 3554 Helmst	21225 etter St.,
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ol W. Pi that the d by the lease rem ial, creme	gave rise to immedia couse (a), stating to underlying cause la	he DUE TO, OR AS A CONSEC	DUENCE OF Wags		0
requires en signe Then pl or ta burny.	PART 2. OTHER SIGNIFIC		O DEATH BUT NOT RELATED TO THE JER	rminal disease or condition g	IVEN IN PART 1(a)
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the other of the District of the District of Tr. If It	22b. SEGNATURE	duinds	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 3 86
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store IMPORTANT:	220 VPHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS		
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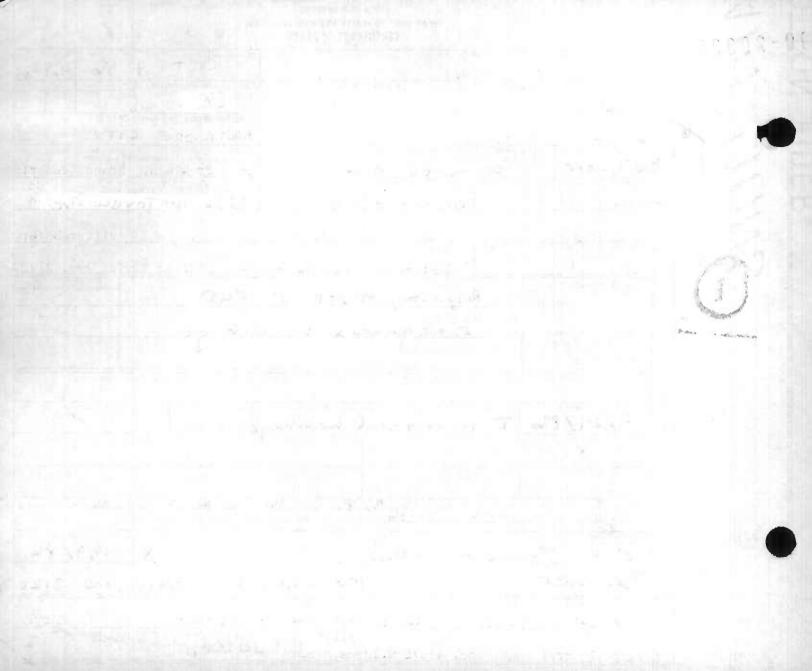
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(VRA 15, 4)



	1	Item#13e G 62	0 10/14/86	CW	STATE OF MARYLAND		
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oge 4 mo rectar. p	3 SEX	M	A RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHI	MONTHS DAYS HOURS MIN.
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PRESTON ST he death certi he otherding p emove carban matian, ar rem		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CO	ONSEQUENCE DS 15	SEPTIC S	SHOCK	
b) W.		couse (a), stating the underlying cause last.	107	umon	ia - Decubi		
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir oftending physician.  fiter this certificate has been sig as the burnol-transit permit. Then th and Mental Hygiene prior to b orked or flem 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	1		PERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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TENDI order or for use of Heal		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	/ / 2	4.00			e and haur and fram the causes stated
TAL OR ALL OR ALL DIRECT DE CORPORT OF THE PROTECT		B. Bath	2			ING MEDICAL STAFF	220. DATE SIGNED  10/3/86
O HOSPITAL etoined by 1 TO FUNERAL should be det with the Store		10012	15RO			BACTIVORE GEN	IERAL HOSPITAL
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DHMH : 16 60M 7/84 (VRA 15 4)		RCH FUNERAL	HOMES 1101	ADDRESS N		OCT 0 7 1986	ib. REGISTRAR'S SIGNATURE

-20225		FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	HYGIENE 8 6	27934
-20325		DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
noy be poge 3	-	CHARL SEX	ES H.	BRAUN, SR.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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de de de	Y	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY
the f	10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS O
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hou hou	13	UAL RESIDENCE (IF NURSING HOME :	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  134. CITY OR TO		32 13e STREET ADDRESS / ZIP CO	ODE CO.
fille fulle ould	die 1	Maryland	Baltimo		.3632 McTavisl	
ately 2 sh		FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
pa o pa o	X	Charles	H. Bra		A.	rittershofe
and	/ 16	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		ADDRESS	22000101010
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	24	FUNERAL DIRECTOR	10/9/00 11	21229	DATE REC'D. BY REGISTRAR 25b. REC	
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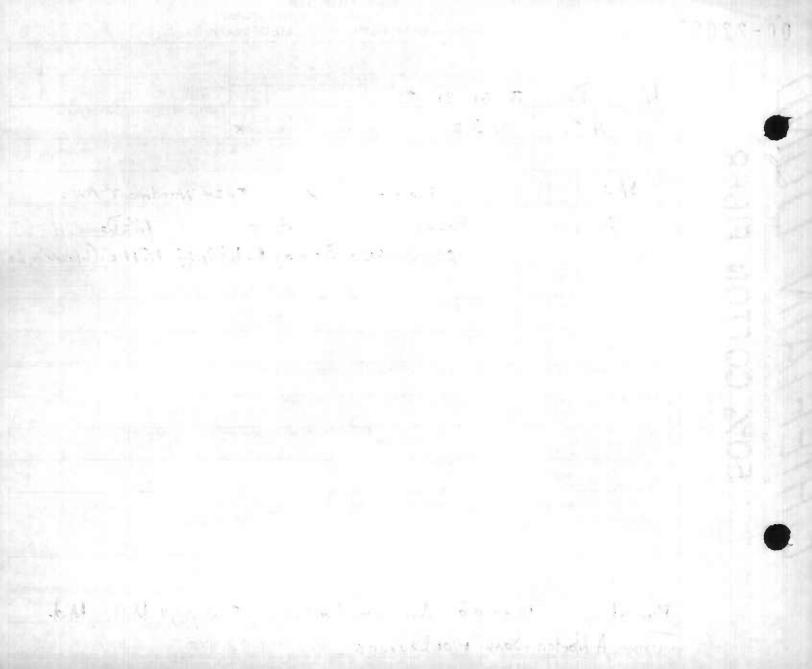


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5	EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH-THE SI BALTIMORE, MARYLAND.	23a.B	URIAL, CREMA	ION, REMOVAL 2		23c. t	NAME OF CEME	TERY OR	CREMATOR	Υ [2	3d LOCATIO	N			
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED WAME 20. DATE OF DEATH FIRST MONTH 2b. HOUR TYPE OR PRINTS 4 RAE 1:-5EX A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE 76 CITIZEN OF WHAT MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY THE THE RESIDENCE IS HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 150 GITY OR TOWN -13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS NO [ 14 FATHER'S NAM 15. MOTHER'S MAIDEN NAME MIDDLE ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF OSES cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG WE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the desegsed from saw the deceased olive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (LERE DE PRINT) 22e ADDRESS THE HURIAL, CREMATION, REMOVAL 236 DATE WANAME OF CEMETERY OR CREMATORY 23d. LOCATION M. FUNERAL DIRECTOR DHMH - 16 60M 7/84 TABLES (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

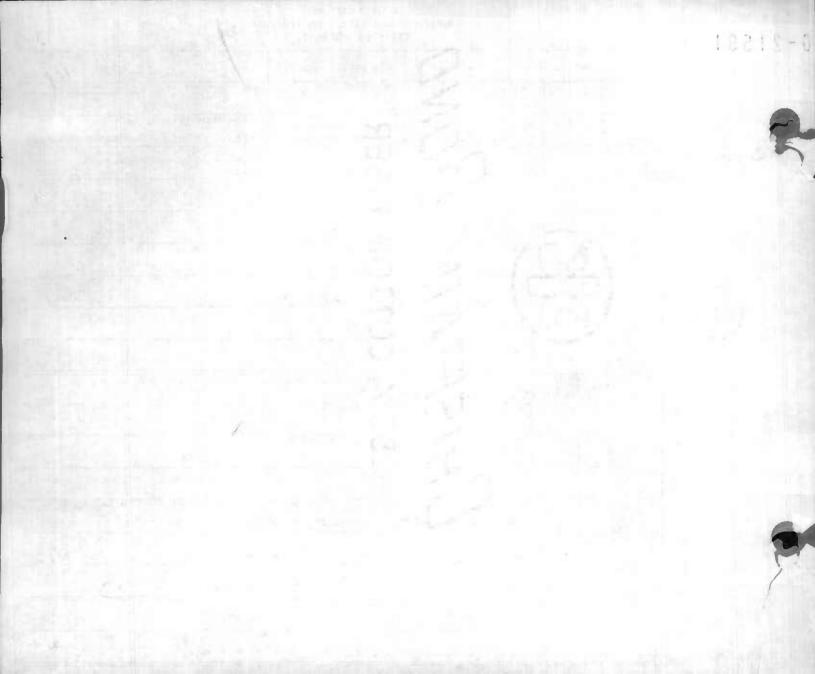
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1	BIRTHPLACE (STATE OR FOREIGN	4. RACE  Black 76. CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH DAY 5 - 28 -	4 AGE (IN YEARS LAST BIRTHDAY 79 9 BALTIMORE CITY OR CO	MONTHS DAYS HOURS MIN.							
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ł	1	WODLE LAST	15. MOTHER'S MA	UNKNOWN	LASI							
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES		ADDRESS ny Brock-Same a:	s # 13 above							
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DHMH - 16 60M 7/84 (VRA 15, 4)

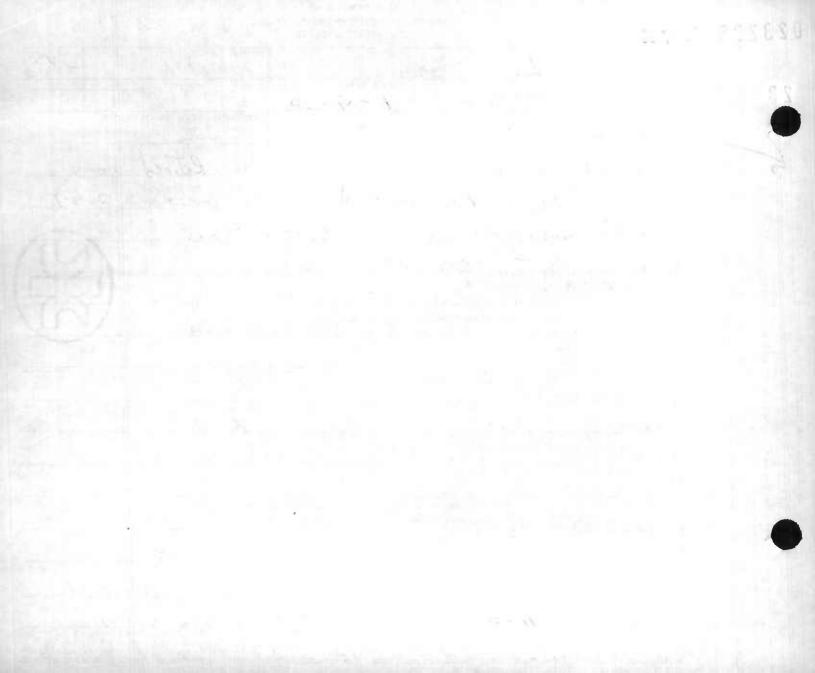
24 FUNERAL DIRECTOR

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	STATE OF MARYLAND	
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ficote poper poper novol.	18 CAUSE OF DEATH lEnter only one couse per line for (a), 1b), and ic:  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  R. ES DIRA TORY PAREST.	MIA30
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NDIR NS Af	228.1 certify that (1) (this hospital) attended the deceased from 10/21 19.86 to 10/31 19.86, that (1) sow the deceased alive an 10/21 19.86, and that in/my) our) opinion death occurred on the date and hour and from the causes stated	
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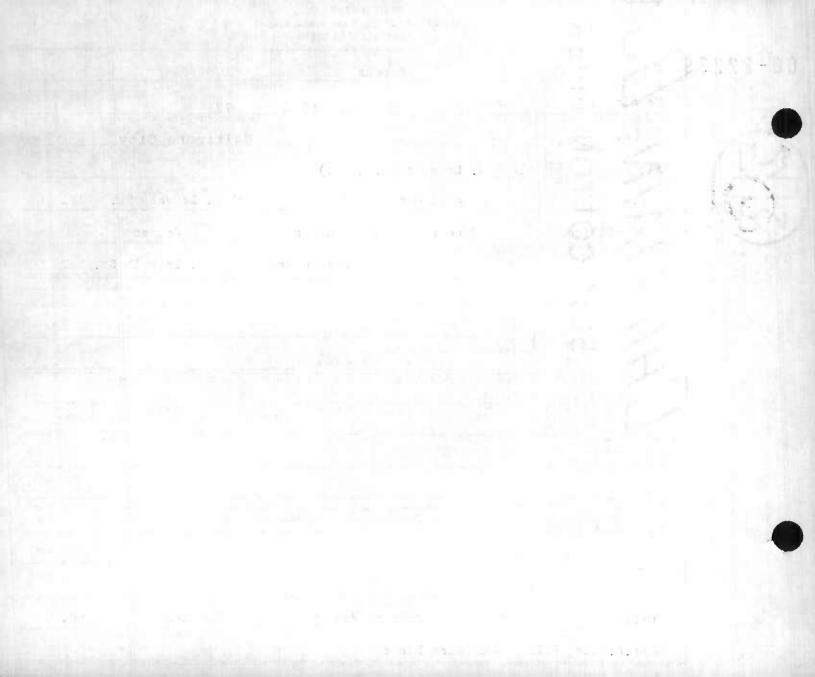
## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR TITE OF PRINTS Elizabeth 10/20/86 Brooks 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR Female Black 1914 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. USA WIDOWED DIVORCED [ Baltimore City 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 1832 W. Lanvale St. (Home) LIGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1832 W. Lanvale St. Md. 21217 YES TE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST William Brooks Louise Barnes ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) | LIE YES GIVE WAR OR DATEST Rhoda Burnett 1832 W. Lanvale St. 21217 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Dronpor Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Interio Sterosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION USIM 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on 10-20 above, (1) (we) (did) (did not) view the body after death. \_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated Th. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE STATE Timonium Burial 10/25/86 COUNTY Dulaney Valley Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

Chas.A.Rice FSPA 1300 Eutaw Place

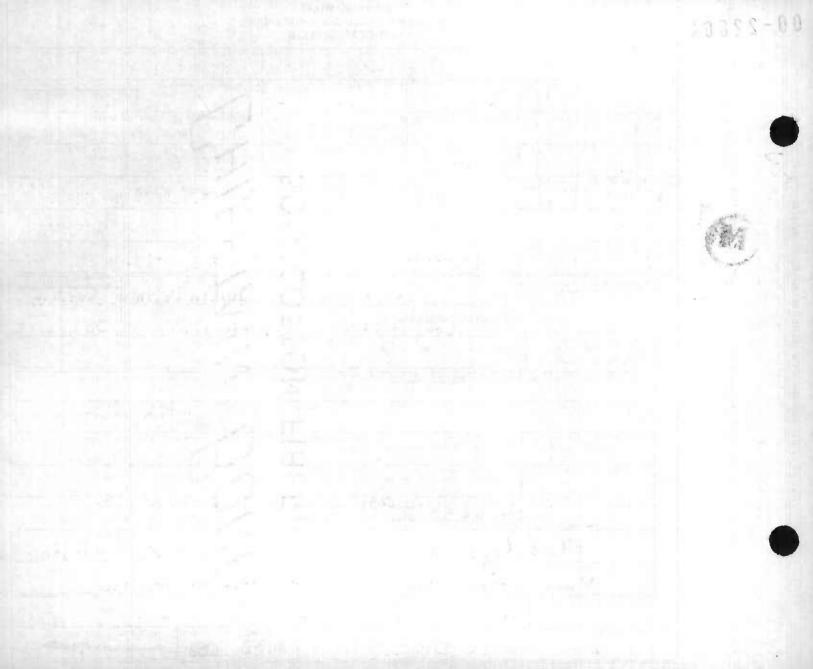
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1101 E. NORTH AVE

(VRA 15, 4)

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	PIRECTOR PLEADUR FILE AND A STREET ON STREET O	3. SE	ale Whi	ite 5. C	OS OI	56 6.			FUNDER 24 HRS	PRONOUNCED DEAD		10-2	22 19 8	6.00
	MITHIN PREST	FC.	IRTHPLACE (STATE OR DREIGN COUNTRY)  Maryland	7 b	CITIZEN OF WH	SA	MA	RRIED TO NEV	ER MARRIED	9. BALTIMORE Baltin	_			
.4	2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5-FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS. ALRECORDS, YOUW. PRESTON STREET.	P	Baltimore		838 W.	37th St	t on		FO.	SUAL OCCUPATION MOST OF WORKING L	ON STYPE OF	WORK 12b	OR INDU	BUSINESS
21201.	ANY DI AND 3 T RETAIN HOULD E RECORD	13a S	AL RESIDENCE (IF IN NO. ITATE LATE)	13b COUNTY	HER INSTITUTION, GIV	13c. CITY OR Balt:	DRE ADMISSION)	13d. INSIDE CIT		REET ADDRESS 88 W. 37t	h Str	reet	21211	
RE, MD.	GESTH. IF GEST, 2, A PM 3. AND 2 SI OF VITAL		ATHER'S NAME FIRST Lawrence	MIC	E.		ooks, Sr	. Ma	r's maiden nam	NE MIDDLE			Ness	5
Mono	PAGES I	16a. '	WAS DECEASED EVER (ES, NO, OR UNKNOWN) NO	IN U.S. ARMED	FORCES? OR DATES)		SECURITY NO. 0-2546	17. INFORM Marga		erson 290	DRESS )4 Kes	wick	Rd.	21211
DIVISION OF VITAL RECORDS, 201 W. PRESTON	ULD BE EXECUTED WITHIN THE "PENDING" IN PENCIL IN ITE. F. MEDICAL EXAMINER A LOT ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	Z	Conditions, if gave rise to cause (o) storing lying couse last.  PART 2 OTHER SIGNIFICAN	ony, which immediate g the <u>under</u> -	AUSE (o) MU ( DUE TO, OR (b) DUE TO, OR	AS A CONSEC	DUENCE OF			specified	)		BETWEEN ON	NSET AND DEATH
TAL REC	SHOULD BOND "PEN CHIEF ME USED AS INCRIME CHEAT OF HEAL OR INCRIME CHEAT OF THE CHEAT OF	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFORA	MED?				20 AUTOPS	
DIVISION OF VI	VRITING THE WARDED TO THE GE 3 SHOULD B (TE DEPARTMEN 201 PRIOR TO B	MEDICAL CERT	21d EXTERNAL CAU UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE AT WORK AT W	OR CAUSE OF DEAT	TH 5:57200 21e PLACE C STREET, FACT	MONTH DA	2 19 86 ST AT HOME, 211.	ocation STREET	was shot	CITY OR TOWN		COUNTY	Y	STATE
•	TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21	220.6	22a I certify that death resulted from SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, R	Hook charge of n: Natural co	the remains described by the remains described	Acident L	held an Autorial Auto	ADDRESS	lnspection	Inquiry etermined manner  DICAL EXAMINER  1 St., Ba	, and in	DATE SIGNED	on 10-22	
07/84		130.6	SPECIFY) Burial		/24/86		raine Pa		tery B	Baltimore		COUNTY	Ма	ryland
25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME Alan Se:		ADDRESS			2	Se. DATE REC'D.	BY REGISTRAR 25	L DECISTO	AR'S SIGN	20117414	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

FOR

- STATE

Burgee-Henss Funeral Home 3631 Falls Rd 21211

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

windson proposite

22c DATE SIGNED

1012666

Md STATE

STATE

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

Home

Bul1 AST

720

IF UNDER 24 HRS

	1				STATE	OF MARYLAND			
	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 6 2	7 4	4 3
88	1. DE	CEASED NAME FIRS	1	MIDDLE		AST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
deoth 6	{TYP	OR PRINT) Ma	be1	M.	Bro	willard	10/20	1/86	12:22PM
-5	3. SE	P 1	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
		temale		ITE	3	111/1910	16 YRS.		
Port	P"	RTHPLACE (STATE OR FOREIGH COUNTRY) MINNESOPA		WHAT COUNT	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUNT		
1	Anjc	TY OR TOWN OF DEATH				DIVORCED DIVORCED	120 USUAL OCCUPATION	12b KIND	OF BUSINESS OR
10	12	Baltimore	Deator	HOSPIT	REET ADDRESS! AC	dical Center	HOUSEWIFE	HON.	TEMAKING
3	Uad		COUNTY	GIVE RESIDENCE BE		134. INSIDE CITY LIMITS?	ueSIREET ADDRESS / ZIP COL 35B Mopec Circl	DE Del + a	MA OTO
4	Pit	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	ALTIMORE			YES NO 1	-	e Barto	). , Ma. 212)
	17	THER'S NAME FIRST Unknown	MIDDLE	LAST		IS. MOTHER'S MAIDEN NA	nown MIDDLE	LA	AST
0	160 \	VAS DECEASED EVER IN U.		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS		
12	1	YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)		3-9018D		gert 35B Mopec C	Circle	21236
2		18. CAUSE OF DEATH (En-	er anly ane cause pe	r line f <u>ar</u> (a), (b)	, and (c1.1			APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
-			AUSED BY: EDIATE CAUSE (a)	SORR	o respin	erray Ann	es/		ensures
d di			DUE TO, C	R AS A CONSE	QUENCE OF	-		0	
raum raum		Canditians, if any, which			4	Sepsis		p,	75
1		cause (a), stating the underlying cause la:	DUE TO. C	R AS A CONSE	QUENCE OF				
0			(c)						
di.	Z	/	estive	16 ANDI		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1	10,
17	CERTIFICATION	190. DATE OF OPERATION		110		N WAS PERFORMED	20e AUTOPSY? 20b. IF Y	ES, WERE FIND	INGS USED
17	THE							TIFYING CAUSE	S OF DEATH?
2/1	CER	210. ACCIDENT WAS UNDERLYIN		OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)	
17	S	OR CONTRIBUTING CAUSE	DI DEATH	.M.	19				
1	MEDICAL	214 INJURY OCCURRED	LAT HOME ST	OF INJURY	CE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
orte		WHILE NOT WHILE	-				490	- 3/	
*		220.1 certify that (I) this			evi (		death accurred on the date and ha	. 19 86	. that (I) we last
1 5		saw the deceased ali abav (1) (we) (did ) (a 22b. SIGNATURE	id nat view the bady	after death.	, di	DEGREE	death accurred on the date and ho		
n n		778. SIGNATURE	7	-		ATTENDING	MEDICAL STAFF	77C. DAT	ZO/gy
4		224 PHYSICIAN'S NAME	TYPE OR PRINT)		200	PHYSICIAN [	DIRECTOR PHYSICIAN	1/4	20/8.
0			KRAN!	7 7		120 5.	Greenke St.	Balto	0 -
1		BURIAL, CREMATION, REMO	OVAL 236 DATE			EMETERY OR CREMATORY	23d. LOCATION		
		SPECIFY) Burial	10-23	5-86	Holy Cr	oss Cemetery	Benfrdji, Mi	innesota	a STATE
M 7/84	24 F	UNERAL DIRECTOR		14801	Belon	C 740 ,	E REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNA	TURE
4)	1	SSAhir Funer	al Home	BALT	10. Md.	21236	T 0 0 1000	2 . 4	Budoss.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💃

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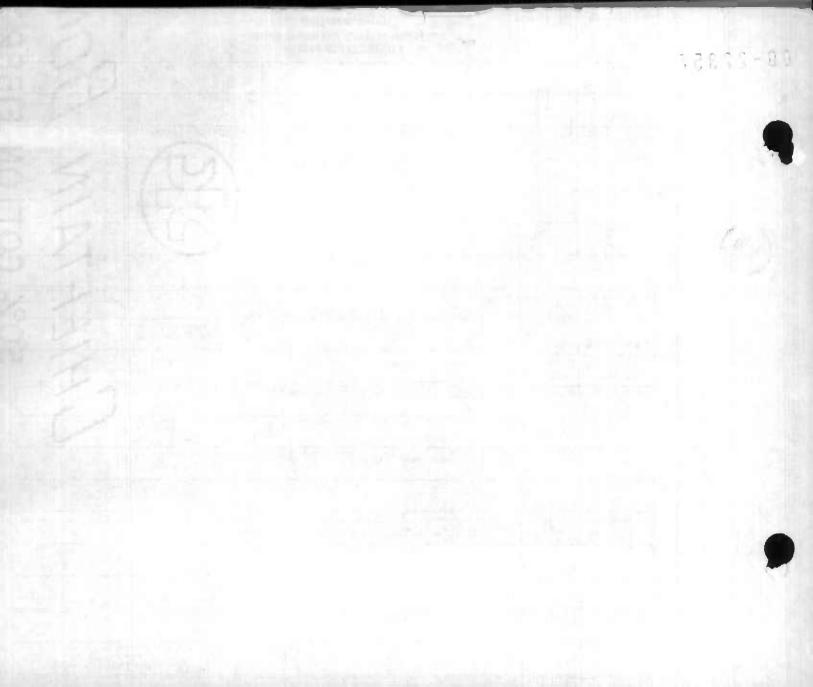
00-222	F 7		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).		
00-773	5/		CEASED NAME FIRST	1	WIDDLE	L	AST		-	AY YEAR	26 HOUR
ge 3	30.	3411	France	25	6	Snow	n	October	19	1986	545AM
mo)	733	3 SE	X	4 RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
age 4			Female	Nag	no	MONTH 7	8 06	80	YRS	DATS	HOURS MIN.
Poor dire	57		RTHPLACE (STATE OR FOREIGN	1 //	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
nero n 72	5		Maryland	U.S.		WIDOWE		Baltin	STa		MD
er d	Par		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
by th	6		Balto.		rcy Hosp			(TIPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRI	
212 A in bour	20 /	USU/	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	130 CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
ON A POP	SK Sm		Md.		Balto.		YES NO	080 St. Pa			21202
(MA)	e Official	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	M.	LAS	ī
S Cale		16a V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES	55		
MON TO THE TOTAL THE TOTAL TO T	P# /		VES, NO OR UNKNOWN)   [IF YE	ES GIVE WAR OR DATES)	214-72-	2075	MECCALI				
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fices from the same of the sam	i i		PART I. DEATH WAS CA	AUSED BY.	conge		heart Lo	\$ 1.000			et-S
NSI BERNE			IMME	DIATE CAUSE (a)		ALC: NO	U				
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he d ema	1 10		gave rise to immediat	e )	R AS A CONSEO	LIENCE OF				TO DO	
by by dese	otho		underlying cause las		AS A CONSEC	OLIVEE OI					
, 201 gned the plea	7,0	e	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVE	N IN PART 110	a
RDS equi	0	NO	Seizur	e dison	dor						
ow i	no m	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	OF DEATH?
The Cron.	mon /	RTIF				100		YES NO NO	YES		NO 🗌
	80		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		of injury m. month i	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	R1 1 OR PART 2)	
PHYSICIAN. ending phys this certifica te buriol-tro ad Mentol Hy	He T	CAI	LIF EITHER NOTIFY MEDICAL EXA	MINER) P	.M.	19					
PHY ending this this	dor	MEDICAL	21d. INJURY OCCURRED	CATHOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION	CITY OR TOV	VN	COUNTY	STATE
The start of the s	orke		AT WORK AT WORK						. C+	9	
END olo OR.	S T		220.1 certify that (1) (this i	hospital) attended the	he deceased from	2019	nd that in (my) (our) opinion	to DCTs>e	<del>-17</del> ,1	986	that (I) (we) last
RECTO	m 21		obove, (l) (we) (did) (d	id not) view the body	ofter death.			death accurred on the da	te and haut		
o e do o	T. If he		226. SIGNATURE	albu	No		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F IAN 🗆	22c. DATE	SIGNED
HOSPIT FUNER Suld be on	IAN		224. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS Marc	cy Hospital			
TO HOSPITA retoined by TO FUNERA should be de with the Stat	NO V		#1	Ne Ler	MO		301 St Pa	and Place	Rely	· has	21201
5 5 5 5 3	<u>&lt;</u>		BURIAL, CREMATION, REMO	p		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	-		Remova1	10-2	2-86						

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

OCPATERECT BY REGISTRARIZS REGISTRAR'S SIGNATURE Gulle Deciden Randales



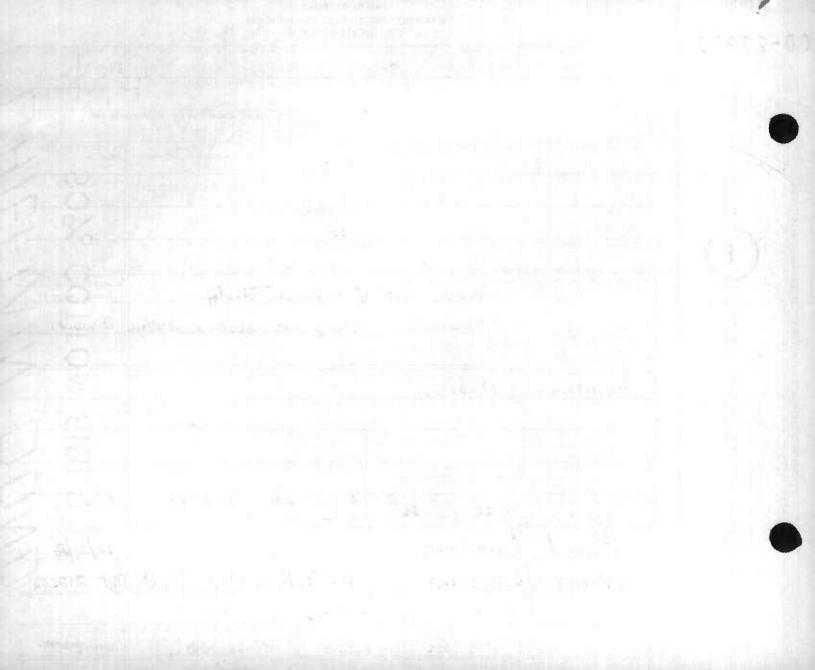
0 -	21257	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYL EALTH AND ICATE OF	MENT AL HYG	4	<b>5</b> EG. NO.	2	1 3	5
			CE ASED NAME	FIRST		MIDDLE		ASI		2a. DATE OF DE		DAY	YEAR	26 HOUR
	oy be	(TYP)	OR PRINT)	GENEV	'A 1	LAURA	В	ROWN			10	11	86	10:17120
	noy.	3 SE	X		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS	AST BIRTHDAY)	IF UN	DER LYEAR	IF UNDER 24 HRS
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	2 32	H B	IRTHPLACE (STATE OR FO	ORE IGN	Th CITIZEN OF	WHAT COUNT	TRY? 8	NEVER	MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF	DEATH	
	1	M	ARYLAND			S. A.	WIDOWE	D D	NORCED [	BALTIMO				MD.
ē/	6 46	I	ITY OR TOWN OF DEA		LUTHER	AN HOSP	ITAL	OR OTHER INS	STITUTION	120 USUAL OCC (TYPE OF WORK FOR HOMEMA)	MOST OF WORKI	NG LIFE) II	NDUSTRY	HOME
AND 2	135	13a.	ARYLAND	13b COUN		GIVE RESIDENCE E	TOWN	13d. INSIDE (	NO 🗆	Baltimo				more Ave.
, MARYLA	W Coc		ATHER'S NAME FIRST  George		AIDOLE	Lankf	ord	0	'S MAIDEN NA FIRST Liva	MI	DDLE		Ga.	
IMORE	n ond Poges	160 \	WAS DECEASED EVER I YES NO OR UNKNOWN) NO.		MED FORCES? WAR OR DATES)		3-5839	Leona:	rd Brown		20th		and 2	
RDS, 201 W. PRESTON ST., BA	equires that the depth certificate in signed by the ottending physic. Then please remave carbon pape to buriol, cremotion, or removal injury, or other traumatic event, to	NOI	Canditions, if any, gave rise to imm couse (o), stating underlying couse	which dedicate the last.	DUE TO, C	Rom DR AS A CONSI	private EQUENCE OF CEPT EQUENCE OF		D TO THE TERM	IN AL DISEASE OF	R CONDITION	GIVEN		MATE INTERVAL INSET AND DEATH
AL RECO	The low rician.  Te has been sait permit green prior shows any	TIFICATION	19a DATE OF OPERAT	ION			HICH OPERATIO			200 AUTOPSY	INC	YES [	]	GS USED OF DEATH?
DIVISION OF VITAL RECORDS,	SICIAN. ng phys certifico nriol-tror ental Hy them 18	MEDICAL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING C LIF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A	.M.	DAY YEAR			RED (ENTER NATURE	of injury in Itea	A 18 PART I	OR PART 2)	
IVISIO	VG PHYS ottendir frer this ss the bu h ond M orked or	MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	HE [		OF INJURY TREET, FACTORY, OF		21f LOCAT	ET	CIT	Y OR TOWN		COUNTY	STATE
	Spirol or CTOR: A for use of Health		22a.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an	1110	ort.	19.86.0	nd that in (my		death accurred an	the date and			that (1) (we) last causes stated
	IAL OR A y the ho AAL DIREI detoched ote Dept		The contract of	)	-c-D	rtie			ATTENDING PHYSICIAN	MEDICAL DIRECTOR DE	STAFF PHYSICIAN E	<b>P</b>	22c. DATE	SIGNED
	TO HOSPITAL retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: #		22d PHYSICIAN'S NA			IKE		22e ADDRE	ha	lheren	Male	lie	al c	enter
			BURIAL, CREMATION, I		23b DATE		23c NAME OF			23d LOCATIO	NWC		YTAU	STATE
	BP	24.5	BURIA		10/23		POLKS R	OAD CEI		E REC'D. BY REGI				MARYLAND
	DHMH - 16 60M 7/84 (VRA 15, 4)		NUTTER & SC 01 GWYNNS F			* AUUK	(63)	21216	00					ORE CONTROL OF THE PROPERTY OF

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THE PARTY OF THE PARTY CHARLEST OF STREET, LET 1 1 WEEK

19	1			STATI	OF MARYLAND			
	11.	FOR STATE	DEP		EALTH AND MENTAL HY	GIENE 2 6	27	3 5 2
1-22007	L	REGISTRAR			ICATE OF DEATH	REG. N		
26001		CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH		YEAR 26. HOUR
nay be		George	Arthus	Brow	vn	OC tober	,	220200
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	DAYS HOURS MIN.
ge 4		Male	Black	7	19 23	63	YRS.	TAIL TOOKS
Po Po Po		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
eoth control	V	arvland	U.S.A.	WIDOWE	14	BALTIMORE	CITY,	MD.
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF BUSINESS OR
5 A 1 13 40		BALTIMORE	MARYLAND G		HOSPITAL	Retail	·	JSIKI
2 1 13 57	USU 13a	AL RESIDENCE (IF NURSING HOME O	NTY 131, CITY OR	BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	7IP CODE	21217
Fille oule		arvland	Balti		YESXX NO			e 2nd Floor
thun thun thun thun thun there is sh		ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			
WA I TO	1	GEorge	Brown		Sarah	MIDDLE	Jo	hnson
H / C		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRE		
es that the death certification and by the ottending physician and please remove corbonocial and usial, cremation, or remover, or other traumotic even the management.		YES		2-6913	Wanda Woods	1402 18th	Place S.	E.
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b	o), and (c).)	0		BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
phy on per second		PART I. DEATH WAS CAUSI	ED BY. (andiac	anest	of unknown	strology		minediale
ding or re otice		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A CONSI			, 0 }		4
deoth deoth ove c	100	Conditions, if ony, which	^	comoma	of lime with	mediational n	retailines 3	2 weeks
the of the cemore and		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	FOLIENCE OF				
hot by by croth roth		underlying couse lost.	(-(c)					
gned an plea		PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN P	ART Ito
RDS equi	CERTIFICATION	hypertensi	on: Dinketes	<				
ECO rmit.	18	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
ALR on.	E					YES NO	YES [	NO [
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir other this certificate has been sign wher this certificate has been sign of the buriot-tronsit permit. Then the ond Memol Hygiene prior to b orked or frem 18 shows ony injury	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART I OR P	ART 2)
SICIA ng ph certifi ririol-tr enfol	18	OR CONTRIBUTING CAUSE OF DE	MIR	19				
HYS ndin his c but d And	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EVE EARM ETC V	216 LOCATION	CITY OR TO	wn cou	ONTY STATE
DIVIS or offer the e os the olth one	>	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	rice, rakm, erc j				
A P Or A P Or A P O P O P O P O P O P O P O P O P O P		22a I certify that (1) (this hosp	oital) attended the deceased from	om_10-	14 1926	10-2	2 19	G, that (I) (we) lost
TTEN TTOP for u		sow the deceased alive or	ot) view the bady after death.	19 6, or	nd that in (my) (our) opinion	death occurred on the de	ate and hour and (re	om the causes stated
OR A DIRECTOR A DIRECTOR OF THE DEPT.		226. SIGNATURE	1		DEGREE		226.	DATE SIGNED
75 750 -		Sturnt	Jacobs m	0	ATTENDING PHYSICIAN	MEDICAL STAI		0/31/6
		22d. PHYSICIAN'S NAME TTYPE	OR PUNT	- VIII.	22e ADDRESS	. ^		7 400
		STUART	JACOBE MD		301 St. Pa	ul Place Y	Bult ma	1 21202
0 5 0 4 8 M	23a	BURIAL CREMATION REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1
BP		BURIAL	11/1/86	Garris	on Forest VA	Owings M	ills.	Md. STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		2 " [ ]		TE REC'D. BY REGISTRAR		
(VRA 15, 4)	M	arch Funeral Ho	omes 1101 Fast	North	AVEnue N	W 3 1986	1 シャルションバングは	milianaem.



+	2701	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	7 + 5 3
0 - 2	2104	I. DE	REGISTRAR CEASED NAME FIRST	WIDDIE	LAST	REG. NO.  2a DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
255	3 50	{IYPE	OR PRINT) PAUL		BROWN		986 6:30 A
	ector po	1. SE	И	4 RACE B	S. DATE OF BIRTH  MONTH  DAY  STEAR  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  FMO  YRS	UNDER LYEAR IF UNDER 24 HRS
	1 35	Ta B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	
310	HEE		TY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
AND 212	133	13a.	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	130 STREET ADDRESS / ZIP CODE	St. 21202
MARYL	1.3	10	THER'S NAME HASE UNK	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST  TOSEDAW	ME MIDDLE	Jen Kins
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1	CTOR A Storow 1 Storow 1 Storo	1		tal) attended the deceased fra  10-2 8  It) view the body after death	m 10-6-, 19 Sign of that in (my) (our) opinion	death accurred an the date and hour of	
	TAL OF FAL DISE Seconds		276. SIGNATURE HOWN	rd Nesky	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/28/86
	O HOSE		HOWARD	MEKTZ	Tower 110	600 NWolfe. St.	Balt. Md 21205
	BP	23a E	BURIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATORY  BARRISON FOREST	23d LOCATION CITY OR TOWN OWINGS MILLS	COUNTY STATE
	DHMH - 16 60M 7/84	24. FI	JNERAL DIRECTOR	ADDRE	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTRA	
	(VRA 15, 4)	1A I	RCH FUNERAL H	OME 1101 E.	NORTH AVE.   OC	31 1986 grand	Agent School &

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00-22986 REGISTRAR 20 DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-THE FUNERAL DIRECTOR.

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FILED, WITHIN 72 HOURS

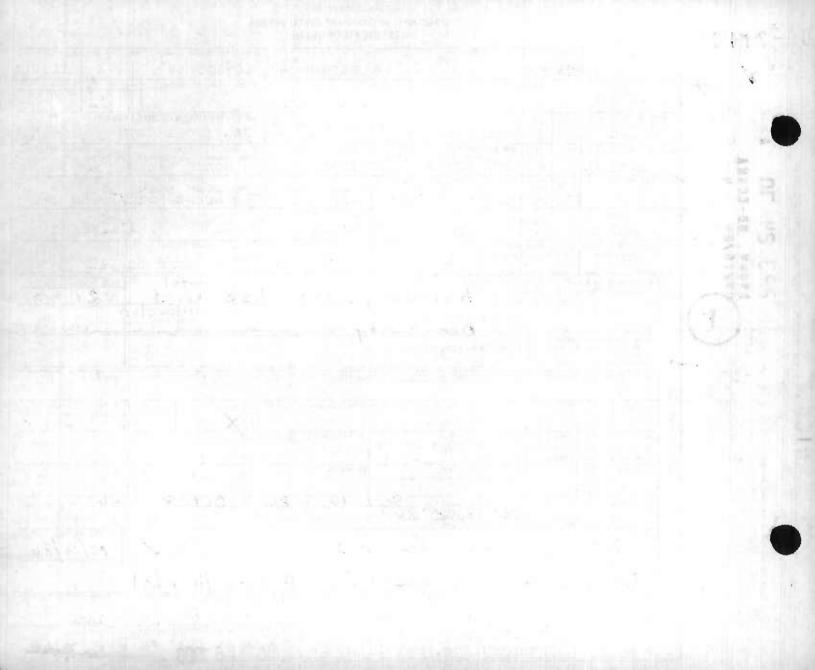
W. PRESTON STREET, DEATH MATED Brown 10 31 19 86 Raymond & AGE (IN YEARS | IF UNDER 1 YR. 1 SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH LAST BIRTHDAY) MONTHS DAYS PRONOUNCED PM Black DEAD Male 10 946 19 86 40 To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Carolina WIDOWED . W. DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Maryland General Hospital None Disabled USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 21 217 BALTIMORE, MD. 21201 13e STREET ADDRESS 3a STATE 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? Maryland Baltimore N. Stockton St. NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Robert Brown Myrtle Hunter 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFO (Father) 512 Arrowhawk Dr. 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No Robert Brown Charlotte, N.C. APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic renal failure IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG ED AS A I CERTIFICATION USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO ... OR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 19 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certily that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 11/1/86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Beasley's Mem Gardens Mt Holly Gas ardens 250. DATE REC'D. BY REGISTA 1986 Burial 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Fleming Funeral Service Benson. Cordam. 1

STATE OF MARYLAND

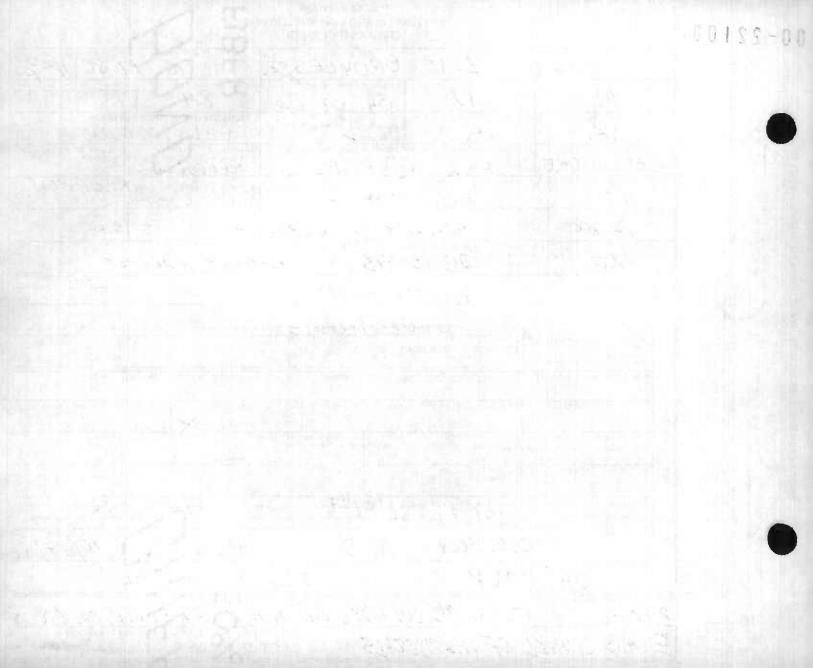
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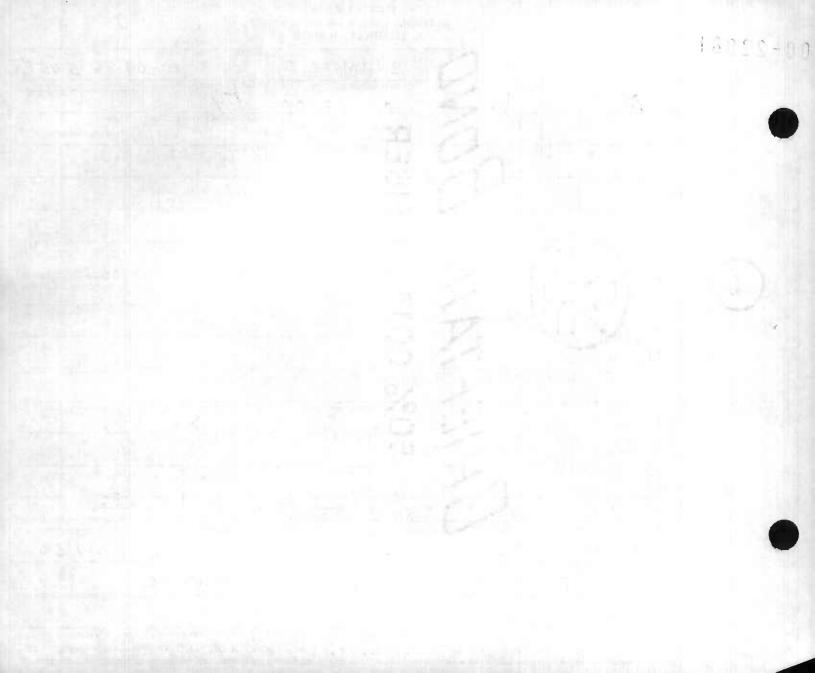
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-22100 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS AVID 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF LINDER 1 VE AR MONTH 70 BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED [ WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESSIOR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Retiveo USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI STREET ADDRESS / ZIP CODE RIVERV 13a STATE 13d INSIDE CITY LIMITS? YES NO TO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME SUSANIASI ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SMOS MONIG Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES T NO F Hygie 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION à 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED DEGREE ŏ ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME LITTLE OF PRINTS 22e ADDRESS should be with the 0 23a BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE BP. 24 EUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRARI25h REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Invideor for (VRA 15, 4)



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MY		PART I. DEATH WAS CA	AUSED BY:		Shode.		SET WEET CHISE FAI	140 02 1
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he low roon.  hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATI	on was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE- YES \( \) NO	ATH?
hysic ronsi ronsi Hyg	E.	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE		MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART 1 OR PART 2)	
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Spire CTO I for of th		sow the deceased aliv above, (I) (we) (did) (d	re on 10 = 9	er deoth.	and that in (my) (our) opinion	deoth occurred on the do	te and hour and from the couses :	stoted
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(VRA 15, 4)			omy Board	ADDRESS Balto	., Md.	22 1900 94	har Davidson-Tjandene	



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

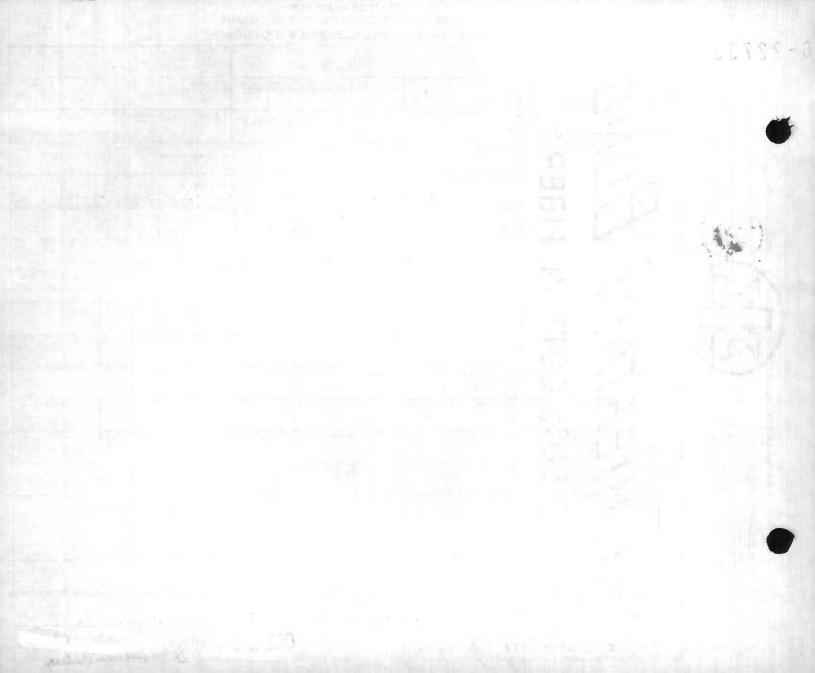
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	(:	URIAL, CREMATION, RE Burial	EMOVAL	236 DATE 10/16	/86		emetery or crematory uburn Cem.	Y 23d	Westpor	t coun	Md	STATE •
	24 FU	Chas A Rice	e FS	SPA 1300	Eutav	Place	2500	CTETO	7 1986	256 REGISTRAR'S	IGNATU	RECLIP

DHMH - 16 60M 7/84 (VRA 15, 4)

Chas.A.Rice FSPA 1300 Eutaw Place

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. at Health IMPORTANT. If hem 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE UNKN. 86-68 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN MIDDLE 1. DECEASED NAME DAY 2h HOUR (TYPE OR PRINT) OF ESTI-RICKEY ARY, PLEASE DIRECTOR. YOUR FILES. N 72 HOURS BRUNSON DEATH MATED 18/19 86 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS YEAR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 5/9/60 DEAD Male Black 26 18/19 86 Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City, Balto, Maryland USA WIDOWED [ DIVORCED B CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Bridge - Biddle & Fallsway UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS J. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore YES NO [ 1105 Barclay St A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Robert Brunson Pear 1 Brunson 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS LYES NO OR UNKNOWNS 217-82-1546 Pearline Brunson 1105 Barclay St no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blunt Cranio-cervical Trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION INER: IDIO.
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TOR: PAGE 3 SHOULD BE USED /
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THE STATE DEPARIMENT OF HE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING TO P.M. 10/ 18 19 86 | subject assaulted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE bridge Biddle St. & Fallsway, Balto. City, Md. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLEMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Homicide XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10/19/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. (TYPE OR PRINT) 23a BURIAL CREMATION, REMOVAL 23b DATE 73r. NAME OF CEMETERY OR CREMATORY 238 LOCATION COUNTY STATE (SPECIFY) Burial 10/27/86 Mt. Zion Cemetery Lansdown, A.A. 07/84 BP 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTR- 9 Charles A. Rice FSPA 1300 Eutaw Pl, **DHMH - 17** (VR A15 ME (5))



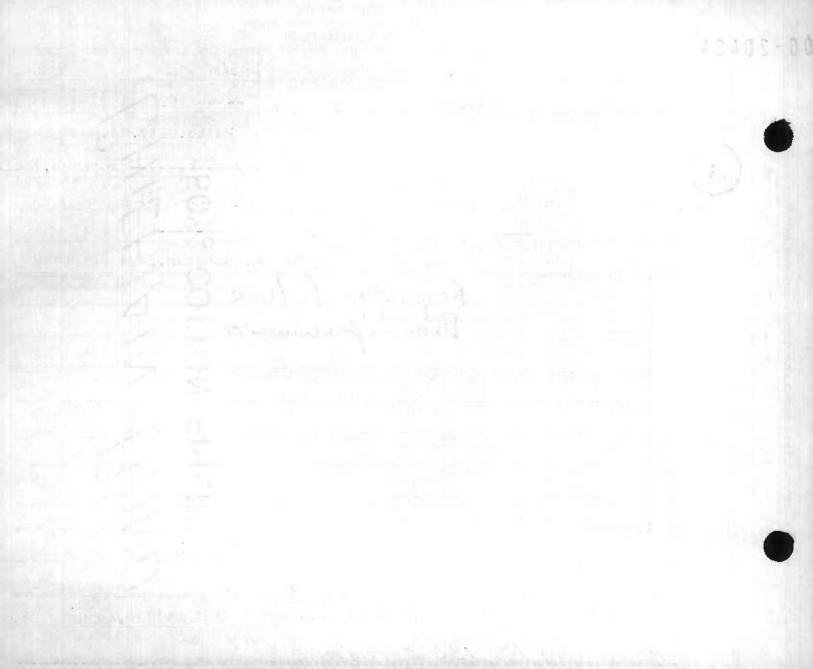
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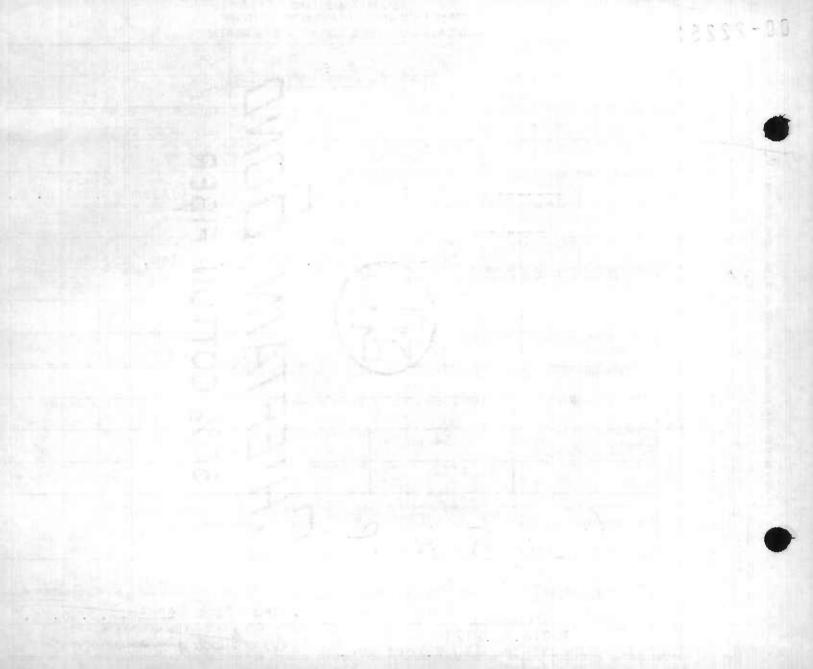
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	ITAL OR ATTENDING PHYSICIAN. The low requires that the death soy the hospital or ottending physician.  RAL DIRECTOR After this certificate has been signed by the out detached for use as the burial-transit permit. Then please remove the particle Dept of Health and Mental Hygiene prior to burial, cremption.  NT. It hem 2.1 is marked or them 18 shows any injury, or other trauments.	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE ALWORK ALWORK ALWORK (b) (this has sow the deceased alive of body.)	DUE TO, O  CONDITIONS CO  LIPP COND  21b. TIME C HOUR A.  ER)  21c PLACE (AI HOME 511	R AS A CONS  R AS A CONS  ONTRIBUTING  OF INJURY  M. MONTH  M.  OF INJURY  REET, FACTORY, OF  the deceosed fr	EOUENCE OF  TO DEATH BUT  AND THE CONTROL OF THE CO	21c HOW INJURY ( 211 LOCATION STREET 25 , 19 ad that in (my) (our) a	200 A YES ( DOCCURRED (ENTI  Dipinion death according AMEDIC	NO PORTOWN  CITY OR TOWN  Urred on the date and	FYES, WERE FINDING ERTIFYING CAUSES O YES  COUNTY  19 20, the thour and from the co	STATE  STATE  of (I) (we) lost uses stated
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) H . 150 A Same S oge 4 RACE IF UNDER 24 HRS 3 SEX MONTH DAY YEAR White BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE 1 STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Balto.City.Md. WIDOWED DIVORCED [ mo 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Foreman. Ladi Baltimore General ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apparel 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3605 W. Bay Ane 21221 MA Laltima-C NO [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Reatrice ADDRESS 17 INFORMANT I ho WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) as above Wife, Anna M. Buchanan, Same 22738553 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, IFICATI 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO 7 In. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 86 that (1) (we) lost 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 10 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [ DIRECTOR PHYSICIAN should be der with the State 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) . Hanover 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 0/11/86 ummunity Mem. Cemt Craigsvil e. Augusta Co. BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)



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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	73a P	URIAL, CREMATION					OR CREMATORY		CATION			
		130.0	PECIFY)			Glen	Have	n Mem.Pa		ORIOWN	irnie	, A.A.Co	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR BUCZKOWSKI (TYPE OR PRINT) MARY OCTOBER 1. 1986 4. RACE A AGE (IN YEARS LAST BIRTHDAY) # SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS YEAR 20 I STATE OR FOREIGN WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 12h, KIND OF BUSINESS OR INDUSTRY NURSING HOME OR OTHER INSTITUTION 13b COUNTY IS MOTHER'S MAIDEN NAME MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. STROKE MASSIVE POST-OPERATIVE IMMEDIATE CAUSE IC INVOLVEMENT WITH EVENTUAL ARTERIOSCLEROTIC CARDIOVASCULAR Conditions, if ony, which gove rise to immediate EASE BILATERAL XNKXKXCAROTID DISEASE couse (o), stoting the AND MULTIPLE BILATERAL INFARTS BRAIN underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270 1 certify that (1) (this hospital) attended the deceased from SEPTEMBER sow the deceased alive on OCTOBER 1 19 86 . and that in (my obove, (1) (we) (did) (did not) view the body after death. CTORER and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MPORT CHURCH HOSPITAL CORPORATION ASHWIN MEHTA MD. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY 236. DATE REGISTRAR 25% REGISTRAR' DHMH - 16 60M 7/84 (VRA 15, 4)

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13		aryland	U.S.	v	VIDOWED 🗌	DIVORCED [	Balto.			MD.
2 201	)0. C	Balto.	(IF NOT IN SUC	HOSPITAL, NURSING	RESS)	INSTITUTION	126. USUAL OCCUPATI		L KIND OF DUSTRY	BUSINESS OR
52 00	USU	AL RESIDENCE (IF NURSING H		1 Erdman A			Homemaker			
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4 . EST	M.F	ATHER'S NAME	MIDDLE	LAST	15 MOTE	HER'S MAIDEN NA	ME		LAST	THE
群3世0亿	V				Ste	11a	Middle	Ken		
7.4		WAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17 INFO	RMANT	ADDRE	SS		
1 1/		No	res, ore wan on pares,	214-30-96	42 Ms	. Betty I	Fullano - Sa	me as #1	.3	
arther physic or removal		18 CAUSE OF DEATH IER PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (0)		ma of ce	wif , 1	netastata			with
d by the atter lease remave (ad, cremation) or other froum		underlying cause la	DUE TO, OF	R AS A CONSEQUEN						
Then p ta bur	N N	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT RELA	ATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a	
has been prior ows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATION WAS PE	ERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES C	GS USED OF DEATH?
ntol Hygiem 18 sh		210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DAY	YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	RPART 2)	
s the burn and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O		211 LOC	CATION	CITY OR TO	wn co	OUNTY	STATE
oital or TOR: Af far use a af Health 21 is ma		22a.1 certify that (I) (this saw the deceased al	ive an	118 19 81	(a, and that in	, 19 <u>25</u> (my) (aur) apinion	death occurred an the do	9 19 8	fram the cr	nat (I) (we) last auses stated
the haspid to DRECTC the Dept. of The Mem 21	1.8	17h SIGNATURE	leer )	eva	DEGREE	ATTENDING	MEDICAL STAF	FF 2	10/2	
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The same of the sa	24 F	Remo	1Vall 10-19	-00 1		250.00	TR3011986AR	W REGISWARS	SIGNADI	RELOGA
H - 16 50M 4/82 VRA 15, 4)		NAME Ana	tomy Board	ADDRESS	Balto., M	id. UU	1 2 1 1900	guila paris	and Ka	3

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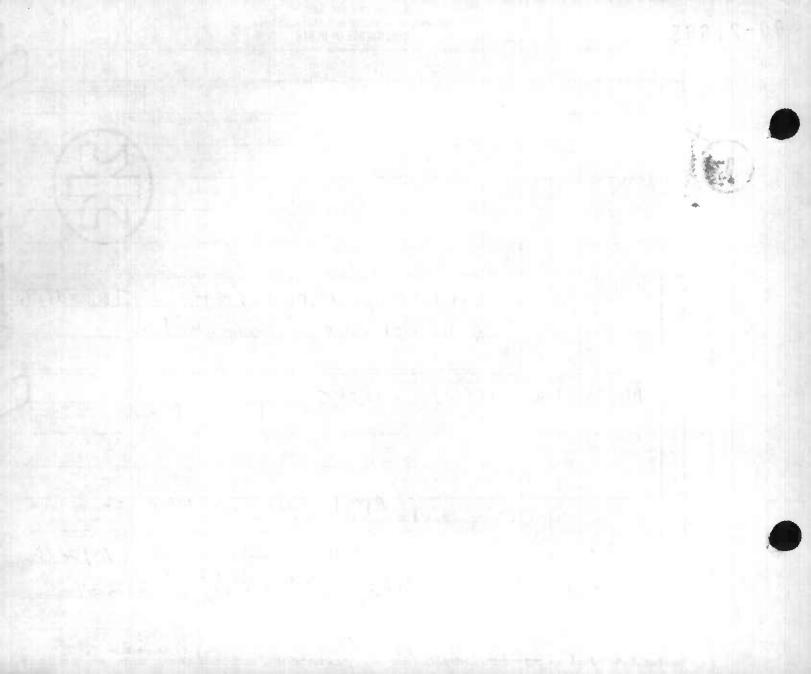
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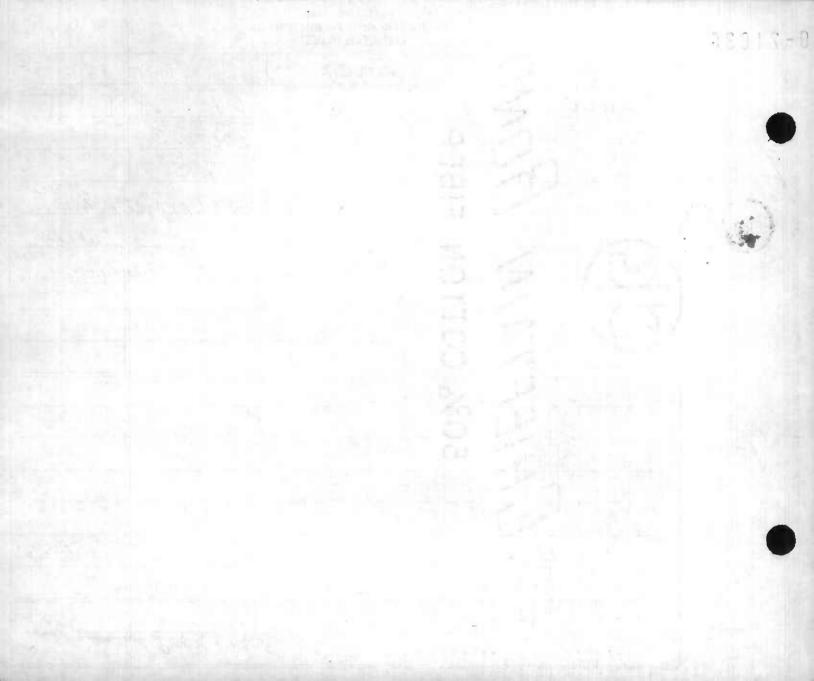
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

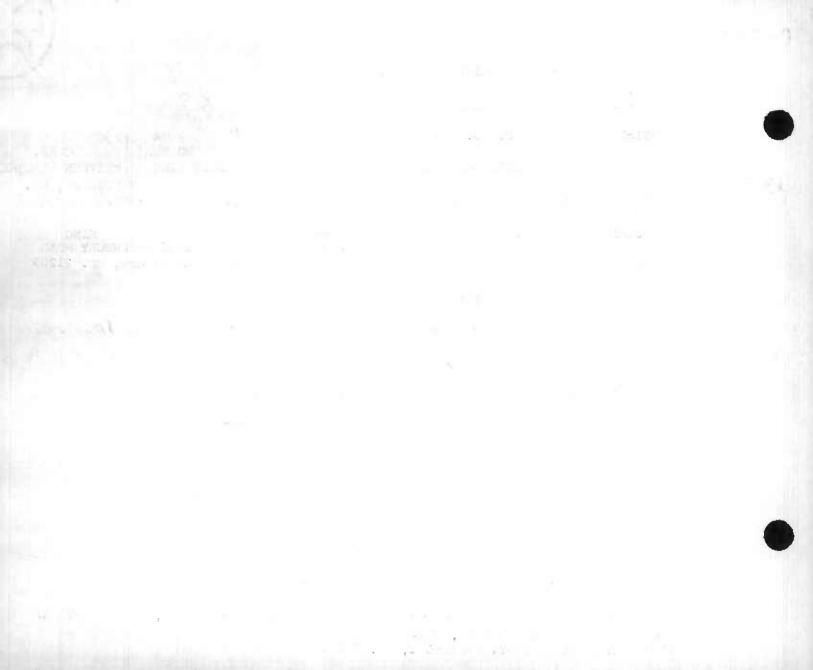
CERTIFICATE OF DEATH

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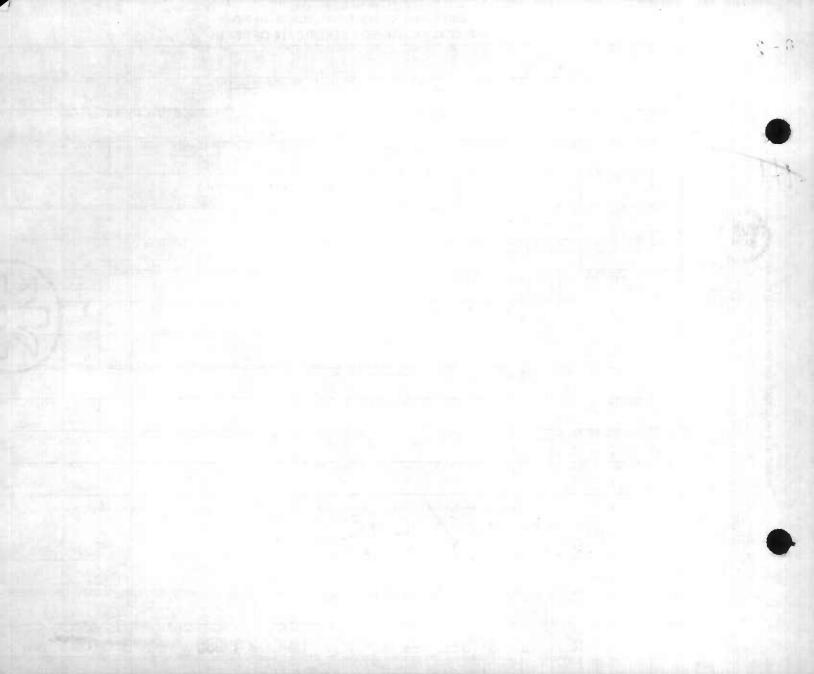
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The billing race is all as designed in the control of the contro		3, 58				6 AGE (IN YEARS LAST BIRTHDAY)	
MARRIED   NEW THAMARIED   NEW			EMALE	BLACK	04 21 17	69 YRS	
MARYLAND  10. S. A. WIDOWED D DONGED  11. NAME OF HOSPITHAL NUISING HOME OR OTHER INSTITUTION  12. START HOSPITHAL  13. START HOSPITHAL  14. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  14. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  15. MARY  16. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  17. WISE  16. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  17. WISE  18. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  19. MARY  19. MARY  10. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  21. 2-2698 MARLENE WISE MOHAMED BATTIMORE MD. 212.05  16. WAS DECEASED EVER IN U. S. RANDE PORCES? HE SOCIAL SECURITY NO  21. 2-2698 MARLENE WISE MOHAMED BATTIMORE MD. 212.05  16. CAUSE OF DEATH EFFICIENCY OF CREATED HAVE AND	OL			76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN	TY OF DEATH
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13 COUNTY   13 COUNTY   13 COUNTY   13 MISSIDE CITY LIMITS?   13 STREET FOOREST ZIP COORDALTITUDES.   MISSING COUNTY NOW IN THE PROPERTY NOW INTERPROPERTY NOW IN THE PROPERTY NOW INTERPROPERTY NOW INTO THE PROPERTY NOW INT	16	B	Himope				WESTERN ELEC
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IN MISE  WISE  MARY  IN MARY  APPSOS GREENBURY ROAD  10 10 15 15 000 WAND REDAILS? HIS SOCIAL SECURITY NO.  11 CAUSE OF DEATH Enter only one cause per line for 101, 150, and (2.1)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if any, which give rise to immediate cause last stating the  APPSOS GREENBURY ROAD  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which give rise to immediate cause last stating the  APPSOS GREENBURY ROAD  DUE TO, OR AS A CONSEQUENCE OF  Let of the immediate cause last stating the  APPSOS GREENBURY ROAD  APPSOS GREENBURY APPSOS GREENBURY ROAD  APPSOS GREENBURY ROAD  APPSOS GREENBURY APPSOS GREENBURY APPSOS GREENBURY APPSOS GREENBURY APPSOS GREENBURY APPSO	42	14. FJ			15. MOTHER'S MAIDEN N	AME	
The WAS DECEASED EVER IN U.S. ARMED FORCES? (1965) SOCIAL SECURITY NO 212-23-6998   MARLENE WISE MOHAMED BALTIMORE, MD. 21205   THE SECOND WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).	do.	0				MIDDLE	KTNG
12   CAUSE OF DEATH (Enter only one course per line for rol. (b), and rol.	8	16a V	WAS DECEASED EVER IN U.S.	. ARMED FORCES?   166 SOCIAL S		ADPORTS G	
The Cause of Death (and only one cause per line for io), (b), and (c).	1/	- (		S. GIVE WAR OR DATES			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IG)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gives the immediate course in immedia	1	$\vdash$				D BALLIN	
DUE TO, OR AS A CONSEQUENCE OF  Ib) And Pastic Carre of Thyroid  Fouk point  The immediate course lists  Uniting the underlying course lists  Uniting the underlying course lists  PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  IB CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  PM. 19  211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR AM. MONTH DAY YEAR)  121 PLACE OF INJURY  122 IN THE CONTRIBUTION STREET FACTORY OFFICE, FARM, ETC.)  223 IN THE CONTRIBUTION COUNTY STATE  224 ADDRESS  225 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 DATE SIGNED  228 LOCATION  ACCURRED (IN CREMATION) REMOVAL 128 DATE  226 DATE SIGNED  227 DATE SIGNED  228 ADDRESS  228 BURIAL, CREMATION, REMOVAL 128 DATE  236 DATE SIGNED  237 DATE SIGNED  236 DORATH  MARYLAND  237 DATE SIGNED  238 DURIAL  238 DORATH  239 DORATH  239 DORATH  230 DORATH  MARYLAND  231 DORATH  MARYLAND  231 DORATH  MARYLAND  231 DORATH  MARYLAND  232 DORATH  MARYLAND  234 DORATH  MARYLAND  235 DATE  236 DORATH  MARYLAND  236 DORATH  MARYLAND  237 DATE  238 DORATH  MARYLAND  238 DURIAL  238 DORATH  MARYLAND  238 DURIAL  238 DORATH  MARYLAND  239 DORATH  MARYLAND  230 DORATH  MARYLAND  230 DORATH  MARYLAND  231 DORATH  MARYLAND  231 DORATH  MARYLAND  234 DORATH  MARYLAND  235 DORATH  MARYLAND  236 DORATH  MARYLAND  237 DORATH  MARYLAND  238 DURIAL  238 DORATH  MARYLAND  238 DURIAL  238 DORATH  MARYLAND  238 DORATH  MARYLAND  239 DORATH  MARYLAND  230 DORATH  MARYLAND  230 DORATH  MARYLAND  231 DORATH  MARYLAND  231 DORATH  MARYLAND  236 DORATH  MARYLAND  237 DORATH  MARYLAND  238 DURIAL  MARYLAND  238 DURIAL  MARYLAND  239 DORATH  MARYLAND  230 DORATH  MARYLAND  231 DORATH  MARYLAND  231 DORATH  MA	100		PART I. DEATH WAS CA	USED BY.	v . 1.	· · · · ·	BETWEEN ONSET AND DEA
DKG  MID   DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YE	or other		underlying cause fast	la Seps	3		
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21c. PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21c. Location STREET  21c. Location STREET STREET  21c. Location STREET STREET  21c. Location STREET STREET STREET  21c. Location STREET STR	ony injury.	CATION	HUPDKa	lemia, Levkor	enia, Thrembock	Topenia 1 200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  P.M.  21e PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION 22e. I certify that (I) (this hospital) attended the deceased from September 22. 19 \$6., to October 3. 19 \$6., that (I) (we) 3 saw the deceased alive an October 3. 19 \$6., and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY MARYLANT  23e. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY BURIAL 10/11/1986 LOUDON PARK CEMETERY  BURIAL CEMETERY  MARYLANT  COUNTY MARYLANT	10						
216. PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION STREET  216. LOCATION STREET  217. LOCATION STREET  218. LOCATION STREET  219. LOCATION STREET  219. LOCATION STREET  210. LOCATION STREET  210. LOCATION STREET  211. LOCATION STREET  212. LOCATION STREET  213. LOCATION STREET  214. LOCATION STREET  215. LOCATION STREET  216. LOCATION STREET  217. STREET  218. LOCATION STREET  218. LOCATION STREET  218. LOCATION STREET  218. LOCATION STREET  219. LOCATION STREET  218. LOCATION STREET STREET  218. LOCATION STREET STREET  218. LOCATION STREET STREET STREET  218. LOCATION STREET	Por	AL CER	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
220.1 certify that (I) (this hospital) attended the deceased from September 22 19 5 , to October 3 19 5 , that (I) (we) saw the deceased a live an October 3 19 5 , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	8 /	Did		21e PLACE OF INJURY	21f. LOCATION	0.TV 00.TOWN	COUNTY
220.1 certify that (I) (this hospital) attended the deceased from September 22 19 36 , to October 3 19 36 , that (I) (we) saw the deceased olive an October 3 19 36 , and that in (my] (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR D	e d	2		AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OK TOWN	STATE
saw the deceased alive an Office A 1986, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.  DEGRE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  22e ADDRESS  23e BURIAL, CREMATION, REMOVAL 23b. DATE  13c. NAME OF CEMETERY OF CREMATORY  BURIAL 10/11/1986 LOUDON PARK CEMETERY  BALTIMORE,  COUNTY MARYLAND	man			ospital) attended the deceased fro	September 22 19 86	10 October 3	19.86 that (1) (we)
22c. DATE SIGNED  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY BURIAL 10/11/1986 LOUDON PARK CEMETERY  BALTIMORE,  COUNTY MARYLAND	2.		saw the deceased alive	on October 3	- 1/	n death accurred an the date and h	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 10/11/1986 LOUDON PARK CEMETERY BALTIMORE, COUNTY MARYLAND	£		above, (I) (we) (did) (did	d nat) view the bady after death.	DEGREE		22c. DATE SIGNED
226 ADDRESS  236 BURIAL, CREMATION, REMOVAL 236 DATE  236 BURIAL 10/11/1986 LOUDON PARK CEMETERY BALTIMORE,  COUNTY MARYLAND	-		111.11	M.lin-	ATTENDING		10/2/21
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY BURIAL 10/11/1986 LOUDON PARK CEMETERY BALTIMORE, COUNTY MARYLAND	7 +	1	22d. PHYSICIAN'S NAME IT	YPE OR PRINT)		DIRECTOR D PHYSICIAN L	1 / 5/ 00
BURIAL 10/11/1986 LOUDON PARK CEMETERY BALTIMORE, COUNTY MARYLAND	APORT		RobeRTI	K. Roby			
	5				3c. NAME OF CEMETERY OR CREMATORY		COUNTY
2 NUTETURING TOSONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE			BURIAL	10/11/1986	LOUDON PARK CEMETER	BALTIMORE,	MARYLAND
	83	24N1	UNITER RESTOSONS I	FUNERAL HOME, IN	250. D	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
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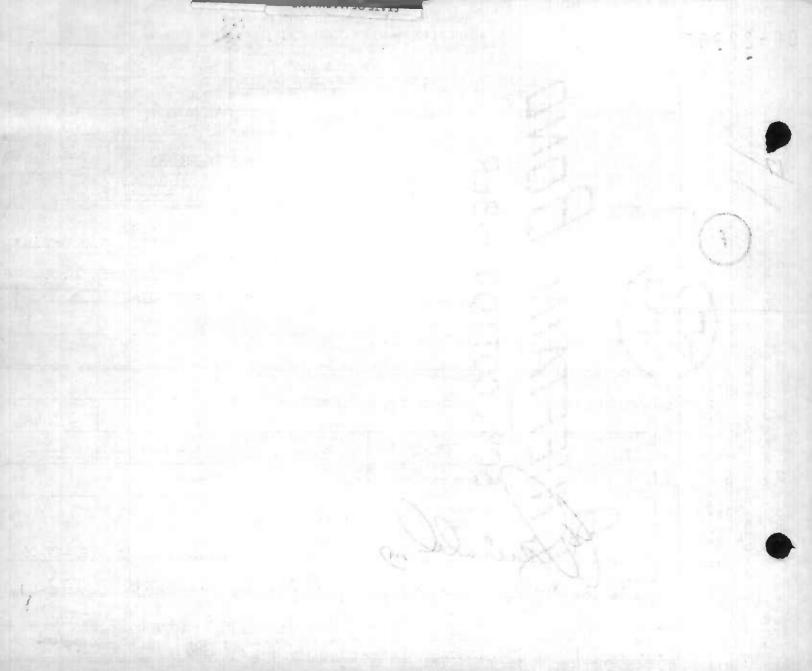


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-20307 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATED REGISTRAR 1. DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, OLIVIA BUTLER 6 19 86 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE 3-20-65 LAST BIRTHDAY) PRONOUNCED 12;26 A M blk. female DEAD 19 86 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Balto., Md. U.S.A. WIDOWED [ DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS RETAIN PROUID BE FECORDS, Baltimore University Hospita USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS 13d INSIDE CITY LIMITS? 2128 Boyd St. NO [ Maryland
14. FATHER'S NAME Balto. 15 MOTHER'S MAIDEN NAME Elaine Butler Scott (Judge Scott) 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Elaine Butler 2128 Boyd St. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Incised wound of left neck 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 10: 48M. 10-5-1986 Subject stabbed 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK CITY OR TOWN STATE 2128 Boyd St. Balto home MD EXECUTE THE CERTIFICATE
PACE A SHOULD BE FORM
TO FUNERAL DIRECTOR, P
AFIER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 220. I certify that I took white of the remains described above field an Autopsy X Hamicide X death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 10-6-86 SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto., Md. STATE Burial 10-13-86 Eastview 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 4600 Liberty Heights Avenue Leroy O. Dyett& son (VR A15 ME (5))



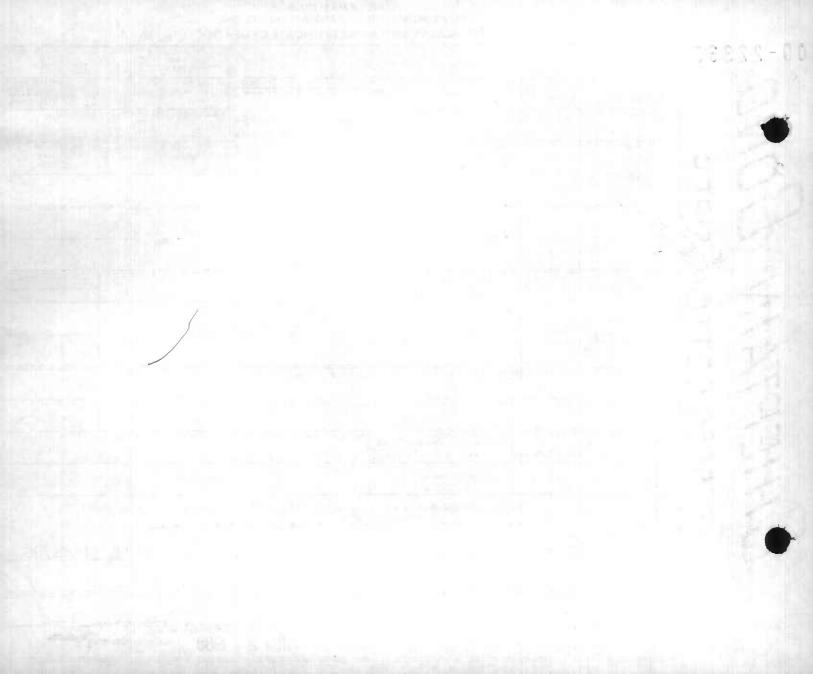
		1-	FOR STATE				MENT OF	HEALT		ENTAL H				
10-2	22422	1. DE	REGISTRAR CEASED NAME DE OR PRINT)	FIRST	MEI	MIDDLE	EXAMIN	EK.2	LAST	CATEC	PF DEA	REG. NO.)  70. DATE KNOWN X MONTH OF ESTI-	DAY YEAR	26. HOUF
	LEASE TTOR. FILES. OURS REET,	3. SE)	( 14	WILLIA	5. DATE OF BIRTH		To AGE (IN YE		BUTLER UNDER 1 YR.	TIF UNDER	24 HRS	DEATH MATED 10	25 19 8	
	ARY, P DIREC OUR V 72 H	ma		black	1 18	1926	60 YI	AY) MÓ	NTHS DAYS	HOURS	MIN	PRONOUNCED DEAD 10	25 19 8	7.50
	S NECESSARY, PLEASE FUNERAL DIRECTOR. F FOR YOUR FILES. WITHIN 72 HOURS M. PRESTON STREET.	7o. BI	RTHPLACE (STA DREIGN COUNTRY)	TE OR	76. CITIZEN OF WI	HAT COUN	NTRY?	8 MAR WIDO	RRIED NE	VER MARRI	-	Baltimore City  Baltimore City	ITY OF DEATH	MI
H	TARREST C	10 CI	TY OR TOWN O Baltimo:		11. NAME OF HOS (IF NOT IN SUCH FA 3833 Boa	CILITY, GIVE S	TREET ADDRESS)	, OR O	THER INSTITU	TION	FOR	JAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE)	12b. KIND OF OR INDUS	BUSINESS
77	ANY DE COURT OF COURT	USUA 13a S	TATE Md	13b. COUN	OR OTHER INSTITUTION, GI	E RESIDENCE	OR TOWN	ON)	13d INSIDE O	ITY LIMITS?	13e. STR	eet address 3 Boannan Avenue	21215	
o d			ATHER'S NAME William		MIDDLE		tler		15. мотн	ER'S MAIDE			Butle	r
ALTH	Taransi /	16a. V	VAS DECEASED ES, NO. OR UNKNOW YES	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT	NO.	17. INFOR		eman	3833 Boarman Aven		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians gave rise cause (a) s lying cause	TH WAS CAUSE  IMMEDIA  , if any, which to immediate toting the <u>under</u> -	(b) DUE TO, OR	arcir as a con	noma of	OF OF					APPROXIM.	ATE INTERVAL SET AND DEATH
VITAL RECORD	E SHOULD BE EX WORD "FENDING E CHIEF MEDICA BE USED AS A B NT OF HEALTH A BURIAL, CREMA	MEDICAL CERTIFICATION	190. DATE OF C	PERATION	196. CONDITION OF THE OF	ION FOR	WHICH OPER	ATION	WAS PERFOR	MED?			20 AUTOPS	
DIVISION OF	ARITING THE VARIETING THE VARDED TO THI VGE 3 SHOULD VIE DEPARTMENTS OF PRIOR TO PRIOR TO PRIOR TO PRIOR TO PRIOR TO PRIOR TO THE VARIETING TO PRIOR TO THE VARIETING TO THE VAR	MEDICAL CE	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE	OR G CAUSE OF	HOUR A.M	MONTH OF INJURY	19 (AT HOME,		OCATION STREET	OCCURRE	D (ENTER)	NATURE OF INJURY IN ITEM 18 PART 1 OR P	OUNTY	STATE
•	ICAL EXAMINER: IT THE CERTIFICATE. Y SHOULD BE FORW ERAL DIRECTOR: P/EATH, WITH THE STARE, MARYLAND, 2		22a. I certify death resulted ACTUAL SIGNATURE	1	ge of the remains del	height		Auto	Hamio	PECIFY	Undet	Inquiry . and in my of ermined manner . DATE .	10-26	5-86
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	11-	FOR STATE		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	, ,	> 7	2 1	- 56
	1.5	REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE C	F DEATH	REG. N	0	1 1	
00-22330	DE	CEASED NAME	FIRST		MIDDLE		LAST	20 [	DATE KNOWN		DAY YEA	AR 2b. HOUR
00 22330	(TY	E OR PRINT)					Mar. No. 1		OF ESTI-		10	
SSESS	1. SE		RACE		Marie		age		EATH MATED	10 NONTH		86 M
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出版で言語づら		REIGN COUNTRY)	- /			WIDOW		-	Baltimo	m Cit		
ZZVIZ	10.C	Maryla TY OR TOWN OF	nd DEATH	USA 11 NAME OF HOSE	ITAL, NURSING HOME				OCCUPATION (TY			MD.
- SESES //				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			FOR MOST	OF WORKING LIFE)	TE OF WORK	OR INDU	ISTRY
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E 504 00/1		AL RESIDENCE IF	IN NURSING HOME OF		RESIDENCE BEFORE ADMISSIO		13d INSIDE CITY LIMITS?	13e STREET				
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g and a	74. E.	THER'S NAME	_ Dal	LLO,	Essex		15. MOTHER'S MAIDE		Essex	Ave.	2122	
C CHINE 9 3/1//	1/	FIRST		MIDDLE	LAST		FIRST	THE PARTY OF	MIDDLE		LAST	
B 186 5 8 X - L	1	Jack		D	Cage	Jr.	Ell	en	G.		McKn	ight
A BAR SK /	190' /	ES, NO, OR UNKNOWN	EVER IN U.S. ARM		166. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRES	ò		
A SATES A		no			219-62-5	629	Jack Ca	ae .Tr	203 E	CCOV	7,570	21221
SE S		18 CAUSE OF I	DEATH (Enter only	y one cause per line			- ouch cu	9	• 200 -	SSEA	APPROXIM	AATE INTERVAL
ts See See		PART I DE AT	TH WAS CAUSED	8Y: P1:	int head tra	anma					BETWEEN OF	NSET AND DEATH
VS SECTION OF		277	IMMEDIATI	E CAUSE (U)	AS A CONSEQUENCE O							
NA STATE		Canditions	if any, which	DOL TO, OK	S A CONSEQUENCE C	7						
E SERVER		gave rise	to immediate	(b)								
* 05%-80		lying cause	ating the <u>under</u> -	DUE TO, OR	S A CONSEQUENCE C	)F						
S EXAM		37.5.5		(c)							13 8	
A SPERSE		PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH D	JT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (n)				
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F 220252	E										YES X	] NO [
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8 ± 8 0 ± ± 0		22a. I certify t	that I taak charge	e of the remains desc	ribed abave, held an	Autaps	y Inspection	ı . In	quiry . a	nd in my apir	nian	
T NEW THAT		death resulted	fram: Nature	al causes,	Accident . Sun	cide .	Homicide X	Undetermin	ned manner ,			
ARTHUR ARTHUR			1/	N	1		TITLE (SPECIFY)					
#0547×		ACTUAL SIGNATURE	11/11	~///			Assistant			DATE	10/2	0/86
SESES V		SIGNATURE	20200	1		M.	D. PIOOTO CATTO	MEDICAL	EXAMINER	SIGNED	10/2	0/00
MEDICAL E ECUTE THE GG 4 A SHOU FUNERAL TIMORE, M	/	EXAMINER'S NA		1 Ziam M	Zane, M.D.		11	1 Penn	C+ Pa	lto.ME	1	
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emce <q.< td=""><td>730 B</td><td>JRIAL, CREMATIC</td><td>ON, REMOVAL 13</td><td></td><td>23c. NAME OF CEM</td><td></td><td></td><td>23d. LOCAT</td><td>ION</td><td>COUNT</td><td>٧</td><td>STATE</td></q.<>	730 B	JRIAL, CREMATIC	ON, REMOVAL 13		23c. NAME OF CEM			23d. LOCAT	ION	COUNT	٧	STATE
07/84 BP			rial	10/24/8	Loudon	Park	Cemeter	v I	Baltimo	re Ma	arvla	
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(VR A15 ME (5))	C	onnell	y Funer	al Home	300 Mace	Δπο	UCT	2719	36 years	evider-		2
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STATE OF MARYLAND



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DEPARTMEN	-	-		Th			

NTAL HYGIENE S

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEA	TH	REG. N	.O.		
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9	3. SEX		WHITE	S. DATE O	DAY	24	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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Y	2	BALT MORE		OSPITA	4 4	ION	126 USUAL OCCUPAT LYPE OF WORK FOR MOST OF LABOR ER		EI INDUSTRY	SCAPE
1	130, S	AL RESIDENCE (IF NURSING HOME OR TAJE 13b. COUN	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 134 CITY OR TO BALTI	ONE ADMISSION) DWN MORE	13d. INSIDE CITY L			ZIP CODE	edene	
		JOHN	CALLAH	AN	FANN!	E	ELIZAB.	ETH	CHAN	
1	16a W	VAS DECEASED EVER IN U.S. AR PES NO OF UNKNOWN! IF YES GIVEN YES AKMY 194	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 3-45 217-14	-7539	LE ONA	BROT C	HER) 308 ALLAHAN		TO, MD,	
H		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), ED BY: TE CAUSE (0)	P Fa	ilud				BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF THE TO OR AS A CONSECUTION OF THE TOTAL	0 Ca-	of L	ng				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	IDITION GIV	EN IN PART 10	
9	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		S, WERE FINDING YING CAUSES	
7	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INAL	IRY IN ITEM 18 P	ART   OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE ON TWHILE OF ALL WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFK	CE FARM ETC)	211 LOCATION	- //	CITY OR TO	)WN	COUNTY	STATE
		sow the deceased alive on	ottended the deceased from		nd that in (my) (our	) opinion d	eoth occurred on the o	late and hou	r and from the	
		226. SIGNATURE KOLO	un M	.1.	PHY:	NDING SICIAN [	MEDICAL STA		221. DATE	3/36
		R. KERE	OR PRINT)		22e ADDRESS	A/	41058			
		SURIAL, CREMATION, REMOVAL SPECIFY BURIAL	1 1 1/2/	4	EMETERY OR CRES		OWINGS	MILLS	BALTO.	MD,
	24. FU	INERAL DIRECTOR FLEMING FUNT	ERALSERVICE	BEI	8 USON, MD.	25004	-RES OBY 1988 RAI	256. REGIST	'RAR'S SIGNAT	URE

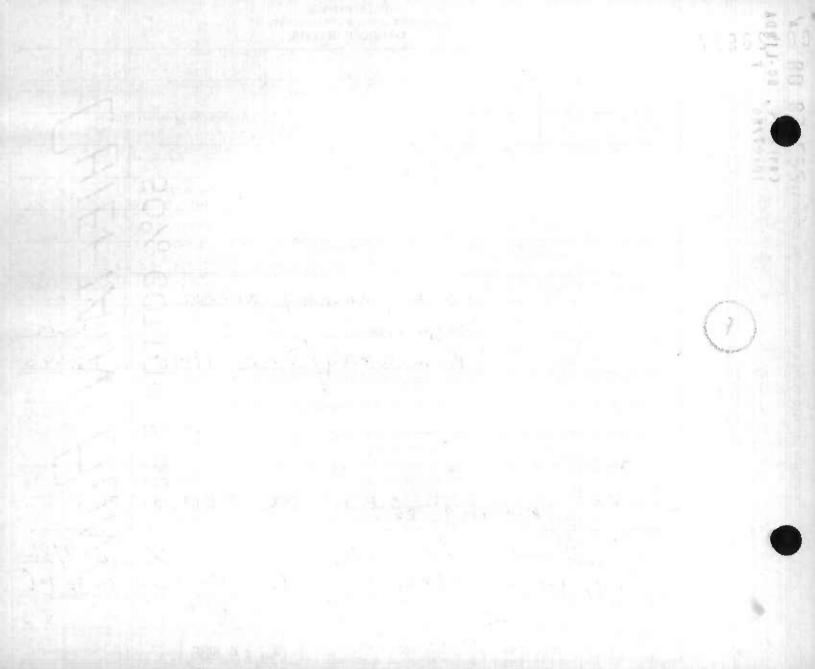
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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

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	4			FOR	DEP		OF MARYLAND EALTH AND MENTAL HY	GIENE Q A	9 7 9	11
n.	= 2 11 0	27	1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO.	6.0	
		, ,	I. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE	1	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
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00	ector.	rs of		F	В	10	7 86		YRS. 2	HOURS MIN.
	- P	2 ho		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR C		
	oner one	0		MD	USA	WIDOWE	D DIVORCED	BALTIMORE		MD.
1	The de	A CONTRACTOR	10 CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NO		ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
8	4 0 3	e e e		LTIMORE	THE JOHNS H		HOSPITAL			
0 21	2 2	3 10	130. 5	AL RESIDENCE (IF NURS) IIII COUI	13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI		1010
Z Z	5 5 W	1		MD I	Balt.	imore	YES NO	1108 Rutlan	d Ave. 2	1213
2	1 1	JAN	14. FA	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN N	AME	_ u	AST
X	7 6			Reginald	Aust		Linda		Car	mpbell
, Series	op op	1 die 9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRESS		
T.	1 2 0	- E		NO	N//	4	Linda Campb	<u>ell 1108 Rutl</u>	land Avenue	
RESTON ST., BALTIMORE, MARYLAND	at of	4 9 E		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (I	b), and (c).)	A	-1	BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
ST.	1 3				TE CAUSE (a) CON	diopu	elmanary	arrest	10	nin.
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W. PR	1 5	-		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	rity/So	vere Hm	D 2	days
201	, F E	y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10'
RDS	equi n sig	Ther to b	O				1			
DIVISION OF VITAL RECORDS	ow o	prio ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		DE IF YES, WERE FIND	
AL RI	he lo	y ows	E					YES NO	YES [	NO [
=	physical	Hyg 18 sh	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
Ö	PHYSICIAN: ending phys	ntol ntol	AL	OR CONTRIBUTING CAUSE OF DE.	AIR	19				
o O	HYS ndin	or H	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	Frice F. Div Fre h	211. LOCATION	CITY OR TOWN	COUNTY	STATE
N IS	Offer t	s the	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, O	FFICE, FARM, ETC. J	5,122			
۵	A o A	eolth mo		220.1 certify that (I) (this hasp saw the deceased alive or	ital) attended the deceased f	rom_OC	19_8	6, 10, OCT	9 19 86	, that (I) (we) lost
	Pitol TOR	of H 21 is		saw the deceased alive on above, (I) (we) (did) (did no	ot) view the body ofter death.	19 86,01	d that in (my) (our) opinion	n death occurred on the date	and hour and from the	e couses stated
	e hos	ept.		22b. SIGNATURE	\ /		DEGREE		22c. DAT	ESIGNED
				Emly Ser	main- Le	re	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	X 10	19186
	d by	TAN TAN		22d. HE TO AN 'S NAME (TYPE	,		22e ADDRESS	11 1.	11	110
	O HOSPI etoined b	should be determined with the State		Emily Go	ermain—L	ee	Joh	us Hopk	ens Ho	Spital
	5 es 5	5 3 ≧		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	CTATE
	BP			Burial	10/13/86	Cedar	Hill Cem.	Glen Burnie	2	MD
	DHMH - 14	6 60M 7/84		JNERAL DIRECTOR		DESS.		ATE REC'D, BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE
		15, 4)	Wm	. C. March F/H	, Inc. 1101 E	. North	Ave.	BT 1 4 1986	THE WASHE STORM	production to the state of the



CONTROL OF VITAL DECORDS ON TO ODESTANDE ALLON AND STAND STANDS	0
DIVISION OF VITAL RELOKUS, 201 W. PRESTON ST., BALLIMOKE, MAKELAND 2.	0 -
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours other death. Page 4 may be toined by the haspital or attending physician.	2
TO STINEPAL DIPECTOR, After this certificate has been staned by the ottending obvision and completely after this certification page 3	0
should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages fond that the month 72 hours after death	7
with the State Dept. of Health and Merital Hygiene prior to burial, cremation, ar remayal.	3

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STATE OF MARYLAND

				SIA	IE UT MAKTLA	IND					
1.	FOR STATE		DEP	ARTMENT OF	HEALTH AND !		IENE 8 6	4	2. 7	7	19
	REGISTRAR			CERTI	FICALE OF D	EATH	R	EG. NO.			
		IRST	MIDDLE		ST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
(1YP	E OR PRINT)	OSEPH	Α.		CAMPBE	LL, SR.		10	6	86	1144 DN
3. SE	X	4. RAC	E		OF BIRTH!		6. AGE (IN YEARS	LAST BIRTHDAY)		DER I YEAR	IF UNDER 24AIRS
	MALE		WHITE	MON'		12	74	Υ	RS.	S DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FORE	IGN 76 CIT	ZEN OF WHAT COUN	VTRY? B.	ED NEVER A		9 BALTIMORE	TTY OR COL	INTY OF D	EATH	
-	Maryland		II.S.A.	WIDOW		ORCED	F	30/+	imo	ne	ME
10 C	ITY OR TOWN OF DEATH		AME OF HOSPITAL, N		OR OTHER INST	ITUTION	12a USUAL OCC			L KIND O	F BUSINESS OR
-	Ba/timo	ne "	Bon S	ecou	15		Blacks				ilroad
USH	AL RESIDENCE (IF NURSING			BEFORE ADMISSION	)		L. STREET AGE	DECC / 7:0 /	2005		9 44 44 4
100	Maryland	COUNTY	Ralt	imore	1134 INSIDE C	NO []	13e.STREET ADD				21220
_	ATHER'S NAME		Bur	THOLC		MAIDEN NA	1203 W	Cross	s Stre	eet	21230
	~ \ eiBc.	MIDDLE	1A1	ST	A	FIDC1		DDIE		1007	
	Charles		Campl	nell		ary _	16.616		Mo	cCaff	ray
	WAS DECEASED EVER IN		DRCES? [166 SOCIAL	SECURITY NO.	17. INFORMA	NT		ADDRESS			
	NO 1			10-3010	Emma	G. Camp	hell 120	03 W.	Cross		21230
	18 CAUSE OF DEATH	Enter only one	ouse per line for (o), (	b), and ici.)	)	/	1			BETWEEN	MATE INTERVAL
	PART I. DEATH WAS	MEDIATE CAU	SF (o)		Corrive	ean	HRE	E51		2	D unin
	100				0	8					
	Condition if an		JE TO, OR AS A CON	SEQUENCE OF	COPD	+ 6	2,000	NIL		- (	011.
	Conditions, if any, w	liote	(p)		0 1 2		DEUT	a tol it		V	aus
	couse (a), stating underlying couse		JE TO, OR AS A CON	SEQUENCE OF		/ 0	PD				
			(c)	11000							
	PART 2 OTHER SIGNIFI	CANT CONDI	IONS CONTRIBUTIN	G TO DEATH BU	T NOT RELATED	TO THE JERM	INAL DISEASE OF	CONDITION	N GIVEN IN	PART 110	o'
ō	Property and the		Clock	o raser	ila	Hea	illert				
18	190 DATE OF OPERATIO	N 19	b. CONDITION FOR V	VHICH OPERATION	ON WAS PERFO	RMED	200 AUTOPSY		IF YES, WEF		
/ Ĕ							YES T NO		YES	CAUSES	OF DEATH?
CERTIFICATION	21g. ACCIDENT WAS UNDERL		b. TIME OF INJURY		21c HOW IN	JURY OCCURE	ED (ENTER NATURE	-		OR PART 2)	
	OR CONTRIBUTING CAU	SE OF DEATH	OUR A.M. MONTI		2						
MEDICAL	(IF EITHER NOTIFY MEDICALE		P.M.  PLACE OF INJURY	19	211 LOCATK	)N					
ME			THOME STREET, FACTORY, C	OFFICE, FARM, ETC )	STREET		CII	IY OR TOWN	C	OUNTY	STATE
	WHILE NOT WHILE AT WORK							H 1 T 11			
	220 I certify thoy (1) (th				17-86	. 19		0-7-			thor (we) loss
	sow the deceased o	did not view	the body ofter death.	1996	and that ip (my)	(our) opinion (	death occurred on	the date on	d hour and	from the	couses stated
	226. SIGNATURE	7			DEGREE				2	22c. DATE	
	6	nr	accer.	ale	rus +	PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [		10.	7-26
1	224. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e. ADDRES	S	0				-
	A. MIG	ANDA	1000		1010	ST.	Paul	ST		212	50
	BURIAL, CREMATION, REA		DATE	23c. NAME OF	CEMETERY OR	REMATORY	23d LOCATIO	N	COU		STATE
	(SPECIFY) Burial		10/10/86	Glen F	laven Me	m. Parl	Glen	Burnie			
24 F	UNERAL DIRECTOR				21229		E REC'D. BY REGI				

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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oge 4	irrecto ours o		7. 01	RTHPLACE (STATE OF FOREIGN	Whit		9	18	18	68	YRS.		
	X	35	(	RTHPLACE (STATE OR FOREIGN DUNINY)  Maryland  TY OR TOWN OF DEATH	US	WHAT COUNTRY SA HOSPITAL, NURS	WIDOWE		ORCED [	Baltimore (120 USUAL OCCUPATION		MD.	
LOH	2 6	De notifie		Baltimore	Edgewood	Nursi	ng Home	2	ITOTION	(1YPE OF WORK FOR MOST OF V Retired		INDUSTRY	F BUSINESS OR
1 24 h	filled in	35	13a. S		COUNTY Carroll	13c. CITY OR TO Woodbi	WN	13d INSIDE CI	TY LIMITS?	7238 Woodbi	zip cope ne Rd	. 2179	7
ed within	ond 2 st	6	19 FA	THER'S NAME Ray	MIDDLE	Campb	ell		MAIDEN NA	WIDDLE		Mixtu	
oe execui	1	2		VAS DECEASED EVER IN U.S (16 YES, NO OR UNKNOWN) (16 YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	212-10-		Mary A		Campbell 723		dbine 1	Rđ. 2179
at Cote				18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (o)			Neer					MATE INTERVAL ONSET AND DEATH
t the deoth ce	the sta	her froumofi		Conditions, if ony, whic gove rise to immediat couse (o), stating th underlying couse los	h (b)_	RAS A CONSEQ RESPIR	PATURY	appess				-	
equires tho	Then pleos to buriol,	S ony in	NO		NT CONDITIONS CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI			TO THE TERM			N IN PART Teo	
he low r	Pos Pe		CERTIFICATION	190. DATE OF OPERATION	195 COND	ITION FOR WHIC	H OPERATIO	WAS PERFOR	RMED			WERE FINDIN	
ICIAN: T	H Y	988		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJ	JURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	1 1 OR PART 2)	
G PHYS	N N	ked or it	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATIO STREET	N	CITY OR TOWN	4	COUNTY	STATE
TENDIN	TOR: Aft	Z i is mor		220.1 certify that (I) (the 1 saw the deceased at above [II] (we) I did (1)	nospirol) ottended th	deceosed from		d that in (my) (	. 19 F	death occurred on the date	13 . 19 e ond hour c		that (I) (we) lost
AL OR Al		# #em		77% SIGNATURE	he had a	gher death.		DEGREE AT	TTENDING	MEDICAL STAFF	AN $\square$	220 DATE:	13/fc
O HOSPITA	TO FUNERAL I should be, deto with the State I	POKIAN		C TO		ESSENT	7-17	220. ADDRESS	5	GLAIGE WRY		BAND.	Mp
o € BI		<u>*</u>		URIAL, CREMATION, REMO	23b. DATE 10/15/			e Park		23d LOCATION CHYORJOWN Baltimore		COUNTY	MaryTand
	H + 16 60M ( (VRA 15, 4)	7/84	-	NERAL DIRECTOR  NAME  Alan Seitz,	Jr. 3818	Roland	Ave. 2	1211	250. DAT	E REC'D. BY REGISTRAR 25		AR'S SIGNATI	

71245-00

deoth

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	- In	
3	0	
NA.		

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 26 HOUR Leroy Canty 86 10 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR M

(TYPE OR PRINT) 3. SEX IF UNDER 24 HRS /2/1917 B BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIE NEVER MARRIED S.C. City U.S.A. DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE

N. Payson BAlto. Md. Drydock Laborer Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Balto. 712 N. Payson 13b. COUNTY 13d INSIDE CITY LIMITS? N. Payson YES A 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Musker Charlotte Canty Jackson

ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

Mrs. Mattie B. Canty 712 N. Payson

ly one couse per line for (a), (b), and (c).  DBY.  TE CAUSE (a)	Cancer	APPROXIMATE INTERVA BETWEEN ONSET AND DE
DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
	D BY.  E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	DBY. E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUT		IN CERTIFYING CAUSES OF DEATH?			
			YES 🗌	NO	YES 🗌	NO 🗌		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	11b. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR 214 HOW INJURY OCCU	JRRED (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	)		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 1	9						

71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET

(AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive an\_ and that in (my) (aur) apinian death occurred an the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE

77d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 10/23/86 Cedar Hill

23d LOCATION CITY OR TOWN Balto.,

STATE

STATE

24 FUNERAL DIRECTOR

James A. Morton & Sons 1701 Laurens

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Mental Hygie

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MPORTANT:

MEDICAL

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Augusten 1997

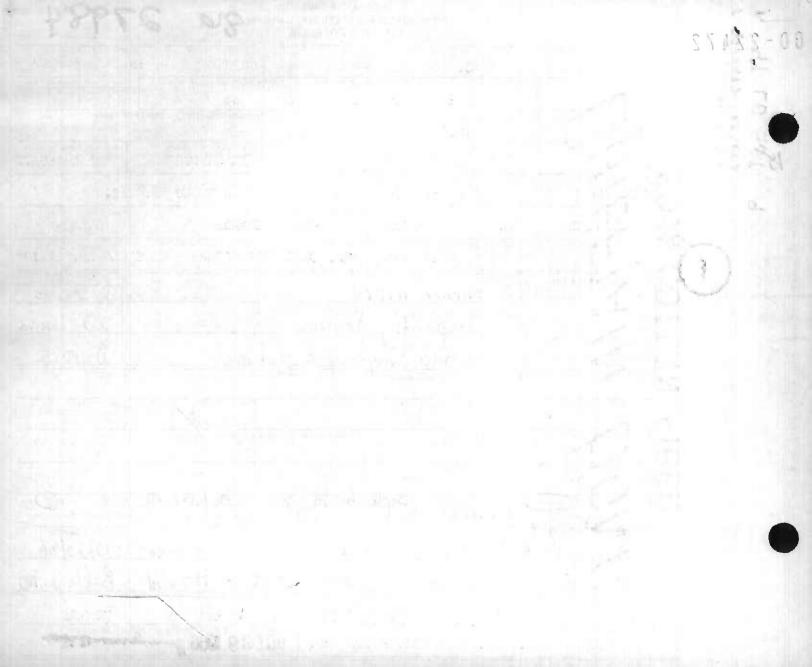
TISES morver .

MORROE WATER COMMISSION OF THE PARTY OF THE

Bounds in WIL Squee A. State 1250 Claim of City

314 6-80 12,017

Targe A control of South 1703 and a color of south



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MAY 18,1915

DIVORCED

HOSPIT

FIRSTYE

13d. INSIDE CITY LIMIT

15. MOTHER'S MAIDEN

STUART CA

21c. HOW INJURY OC

220. ADDRESS 600

BALTO.,

211 LOCATION

17 INFORMANT

MARRIED | NEVER MARRIED

CAPLAN

5 DATE OF BIRTH

WIDOWEDXX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JOHNS HOPKINS

BALTOTOWN

CAP LAN

166 SOCIAL SECURITY NO

218-36-7725

A CONSEQUENCE OF

HYG	IENE SUS, NO. 2	79	85
1	OCTOBER 18, 19	YEAR 86	26 HOUR 17
		NDER I YEAR	FUNDER 24 HRS
	71 YRS MON	THS DAYS	HOURS MIN.
	9. BALTIMORE CITY OR COUNTY OF		
	BALTIMORE CIT		MD
AL	120 USUAL OCCUPATION (VECTOR WORK FOR MOST OF WORKING LIFE) MERCHANT	RETA	F BUSINESS OR
5?	13° SIRFET ABORESS CZIE CODE 6945 BLANCHE RD.	(2121	5)
TTA	WIDDIE	UNKÑ	IOWN
PLA	ADDRESS AN 6945 BLANCHE R	D. ( 21	.215)
		APPROXI	
	4-	-	MATE INTERVAL
cc	est	-	nutes
	Infarctions	3 mi	
	and the crommers and	3 mi	nutes
L	Infarctions	5 me	nutes
L	Infarctions ery Disease	5 me 5 ye	onths ears
term	Infarctions  ery Disease INALOISEASE OR CONDITION GIVEN  200 AUTOPSY? 200. IF YES, W IN CERTIFYIN	5 mc 5 ye IN PART 110 VERE FINDING CAUSES	onths  ars  GS USED OF DEATH?
term	Infarctions  ery Disease INALOISEASE OR CONDITION GIVEN  200 AUTOPSY? 200. IF YES, W IN CERTIFYIN YES NO YES	5 mc 5 ye IN PART 110 VERE FINDING CAUSES	onths  ars  GS USED OF DEATH?

d Mentol Hygi should b

00-21998

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR DECEASED NAME

MALE

BIRTHPLACE (STATE OR FOREIGN

BALTO., MD.

FIRSTABRAHAM

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause

90 DATE OF OPERATION

230 BURIAL, CREMATION, REMOVAL BURIAL

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

220 I certify that (1) this haspital) attended the deceased fram.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NYCESKNOWN) WWITES, GIVE ARMYMES)

10. CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND

14 FATHER'S NAME

FIRST

MORRIS

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o.

134 COUNTY

WHITE

USA

7b. CITIZEN OF WHAT COUNTRY?

with the Store BP. (VRA 15, 4)

CERTIFICATION

MEDICAL

23b. DATE 10/20/86

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

230 NAME OF CEMETERY OR CREMATORY ARLINGTON CEM

19.86 and that in (my) (our) api

DEGREE

236 LOCATION BALTIMORE, MD.

STATE

22c DATE SIGNED

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD BALTO MD. (21215)

did not view the body after death.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

WOLFE

21205

N.

MD

DHMH - 16 60M 7/84

SOL, LEVINSON & BROS.

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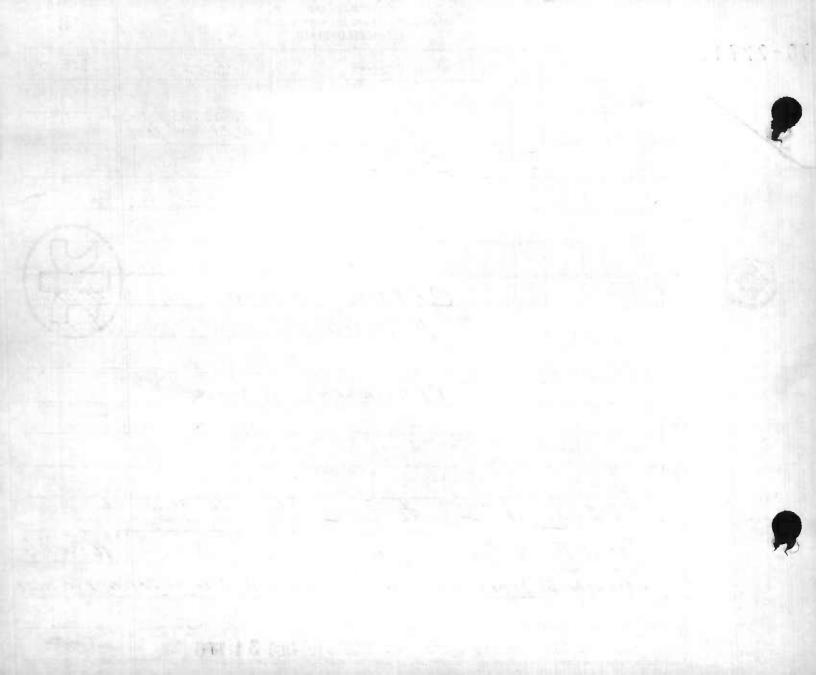
4600 Liberty

Leroy O. Dvett

(VRA 15, 4)

10812-91

0.1.1.5 1988 Folk Market



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

}	O REG. N	2.	7	**	8
OF	DEATH	ALCONOTIA.	DAY	WEAD	26 1100110

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	Com & "	
	DECEASED NAME FIRST	WIDDLE	5/3 /	AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
7	ADOLPH		CAF	RTER, JR.	OCTOBER 1	, 1986	7:25 AM
21	SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
2	Male	Black	nonte 1	11 03	83	YRS.	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO		
*	Virginia	U.S.A.	WIDOWI		BALTIMORE CI	TY,	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME		120 USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
7	BALTIMORE	529 N. PATTE		ARK AVENUE	Laborer		Steel
13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL		OWN	13d INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS / ZIP 529 N. Patte	code 21 erson Park	205 Avenue
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LA	St
2	Adolph	Carter		Henriett			
16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS		
	NO	225-20	0-6984	Elnora Cart	er 529 Patters	on Park A	venue
NOITE		DUE TO, OR AS A CONSE  (b) Hyperia  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  CONDITIONS CONDITION FOR WH	OUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? 20b		NGS USED
	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O INJURY IN I	EM 18 PART 1 OR PART 2)	
1 3	OR CONTRIBUTING CAUSE OF D	CAIN	19				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that II his has	pital tottended the deceased from 1900 points of the body after death.		DEGREE	death occurred on the date a	nd hour and Iram the	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	7000	PHYSICIAN 2	9 Avuna	Anne	2100
	Warrell 1	4. Gray,	M.D.	Baiti	more, M	8.217	16
23	BURIAL, CREMATION, REMOVA	10/6/86 23b. DATE		emetery or crematory ore Cemetery	Ballitimore,	COUNTY	Md. STATE
24	FUNERAL DIRECTOR	-ADDRE		Ma DA	EREC'D BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/8 (VRA 15, 4)

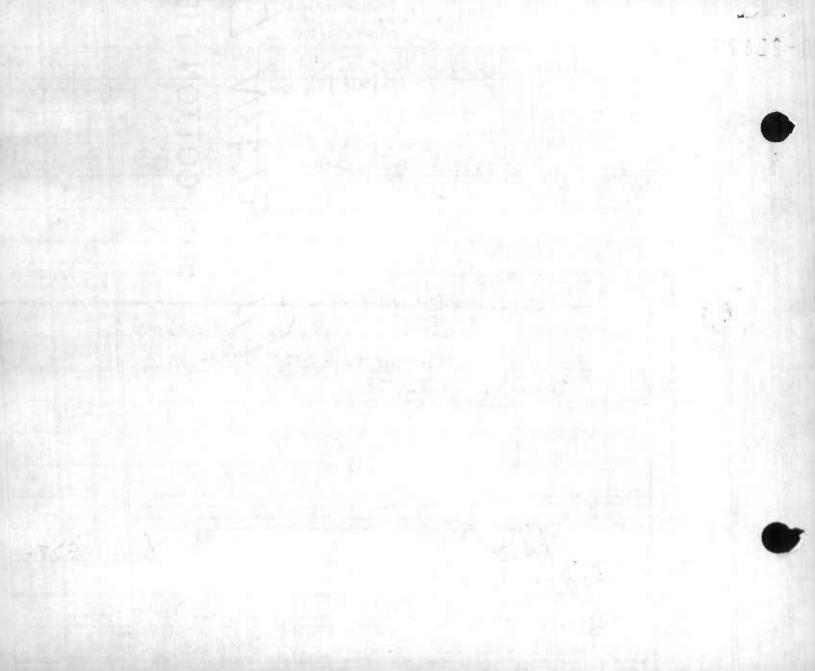
BP.

TO FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

								SIAI	E OF MARYLAND			
					1	FOR		DEPARTMENT OF H	REALTH AND MENTAL	HYGIENE ()	27	2 3 1
0	0 1	po	0	,	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	lin 1	1 61
0 -	21	5	y t	)	DE	CEASED NAME FIRST	MIDDLE		LAST			YEAR 76 HOUR,
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	Ď.	0.5				ANNI	e E,		urfer	10-	16-86	14 pm
	0	6.			1.58		4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		
	*	0.0		13	-	E	R	MONT	H DAY YEAR	16		DAYS HOURS MIN.
	60	21		21		Γ	D	6	5 1/	65	YRS.	
-	12	9.00	- 3	50		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	E COUNTY OF DEA	IH
4	100	9 6	-	~		Md	USA	WIDOWI	1.		ore Cita	MD.
	3	-23	1	\$5	10.0	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 12b. K	IND OF BUSINESS OR
\$	4	1	-	7/1	10	all and	THE NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	di . / a.	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	STRY
200	25	24	- 4	9	1	altimore,	Deaton 1	HOSPITAL 4	Medical Cul	NF DISCIPLE	4.	
64	2	- 1		51	USU.	AL RESIDENCE (IF NURSING HOME OR		TOR TOWN .	1134. INSIDE CITY LIMITS	S? _ 13e.STREET ADDRESS	ZIP CODE -	
2	2	44	1	50		Md Ra	10 100	Itimore	VEC DE NO DE	2013	N. Rast	- 21227
5	1	2.1		-	M. F.	THER'S NAME	1100	-111111010	15 MOTHER'S MAIDEN	INAME		
o	3	25.45	1	073	~		MIDDLE	LAST / /	/ FIRST	WIDDLE	-1	/ 1/51
2	9	17	2	2	1	AMES H.		1 e/d5	Nelen	/ /	IAK	003
W.	0.00	D 4		1		VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Drive
9		0.0		1	(	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	0-14-6803	Charles	1 Conten	2/281	NA+ Td.
8	2	9.4		500		r V			C1 101 103	F. Carlor	3000	1011 Lac
BA	to.	/	1			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per limit for	(a), (b), and (c))	0 -	0	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
to.	1/	a,	10	1			E CAUSE (a)	esteen	lesse	faller		
Z	8	33		1								
01	1		4	/		C. 19. 9 114	DUE TO COMPANY A	CONSEQUENCE OF		DO CHA		
RES	-6	0	- 0			Canditions, if any, which gave rise to immediate	GAN	and series	1	VII		
	4	4 1	1		1	cause (a), stating the	DUE TO, OF AS A C	ONSEQUENCEOF	7 1	7		
5	2	4	-			underlying cause last	(c) 1752	saure.	Mesel			
30	-	2.3				PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR CON	DITION GIVEN IN PA	ART Ira
SG	10	9.3	9		3	and the second second						
O		17	4		Ĕ	190 DATE OF OPERATION	TIAL CONDITION S	OR WHICH OPERATIO	INI WAS DEDECTARED	20g AUTOPSY?	706. IF YES, WERE I	EINIDINGS USED
#	5	0 1	4	1	CERTIFICAT	THE DATE OF CITERATION	178 CONDITION	OK WINCH OF EKATIC	14 WAS FERT ORMED	200 AOTOF 51:		AUSES OF DEATH?
4	25	2 0	4		=	Company of the last of the las				YES NO	YES 🗌	NO 🗆
5	2 1	10.0	10	0	8	210. ACCIDENT WAS UNDERLYING	1100110 4 14 444		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	ART 2)
*	3 0	11	2 1	149	AL	OR CONTRIBUTING CAUSE OF DEA	111	ONTH DAY YEAR				
z	S S	8	3	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		211 LOCATION			
250	21	4 9	p v	3	A A			ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn cour	NTY STATE
2	95	2	0 1			AT WORK NOT WHILE		- 0	. 0		c - C-	
-	0.0	-5	6			220 I certify that (I) (this hospi	ial) attended the deceo	sed from	leading 1876	16 Ga	1906	, that (1) (we) ast
	拉里	0	# 1			sow the deceased alive an	16 Oct.	1987 (/0	nd that in (my) (aur) api	nian death accurred an the de	ate and hour and fig	m the couses stated
-	2.5	9 3			1	abave, (l) (we) (did) (did na	t) view the bady after de	ath.	DEGREE			DATE SIGNED
	No.	8.7	8			In some of	7 ,		ATTENDIN	IG _ MEDICAL STA		DATE SIGNED
	世生	41	i i			XIVI	ead M	.D.	PHYSICIA		IAN   /C	PLIT DEC
	A	B 2	4			THE PHYSICIAN'S NAME (TYPE O	RPRINT		77e ADDRESS	ENTRE DE	-	-
	9 1	FUNE STATE	If the Sto	51		11111	Den	11 2	6115	CHAC G	Kan	- Mm > 179
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	-			-1	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	1	CEMETERY OR CREMATO	CITY OF TOWN	COUNTY	STATE
	BP					Burial	10/22/86	Crest La	awn Cemetery	Marriotsvil	le	Mď
					24.F	INERAL DIRECTOR				PATE PEC'D. BY REGISTRAR	256. REGISTRAR'S ST	GNATURE
	DHMH			/84	NA.	MANUE	11 1 4000 101	ADDRESS		UCT 2 U 1986	I would go last fraise	in the free
	(	VRA 1	5, 4)		Ivia	rch Funeral Home 🖺	West 4300 430	JU Wabash Ave	nue			

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 26 DATE OF DEATH 7.00 10 - 26 - 86Nicholas Caruccio A. 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAY YEAR White Male 1-27-1912 To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Pennsylvania Baltimore City DIVORCED WIDOWED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore, Md. 5505 Whitwood Avenue-21206 Ward's Bakery \$hippimg Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 5505 Whitwood Road-21206 13d INSIDE CITY LIMITS? Md. YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Michael Catticcio Anna Ferro BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Antoinette M. Caruccio - 5505 Whitwood Rd. 215-01-0710 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 7 In ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive on. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated obove. (1) (we) (did) (did not) mew the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS and sman 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Baltimore, Maryland Gardens of Faith Cem. 10 - 29 - 86Entombment 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 John C. Miller Inc-6415 Belair Rd.-21206 (VRA 15, 4)



March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

7b HOUR

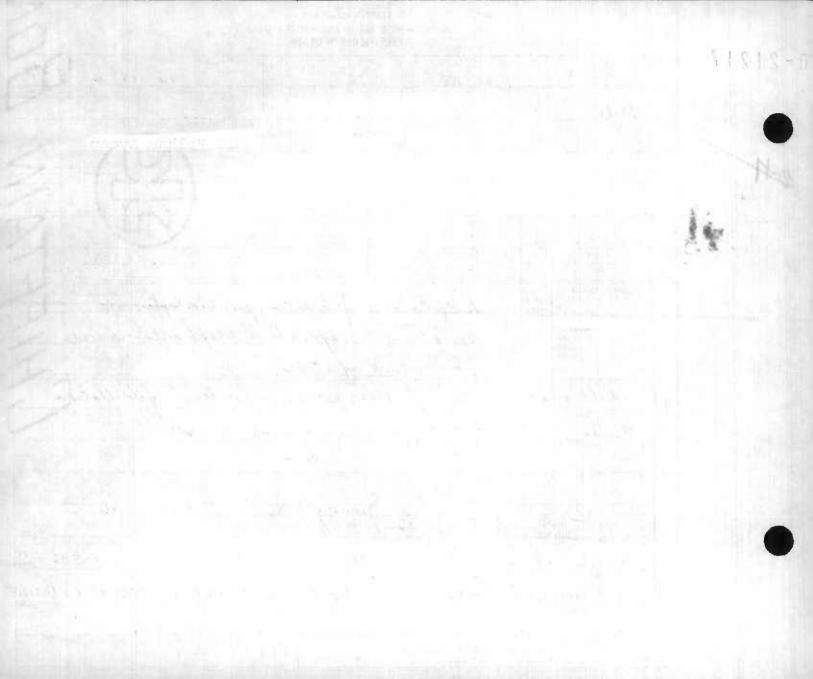
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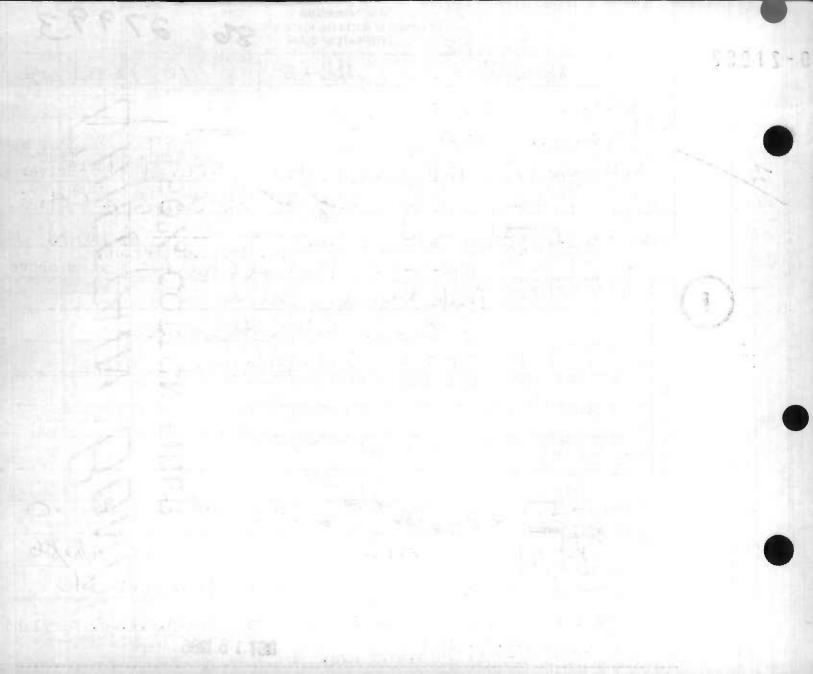




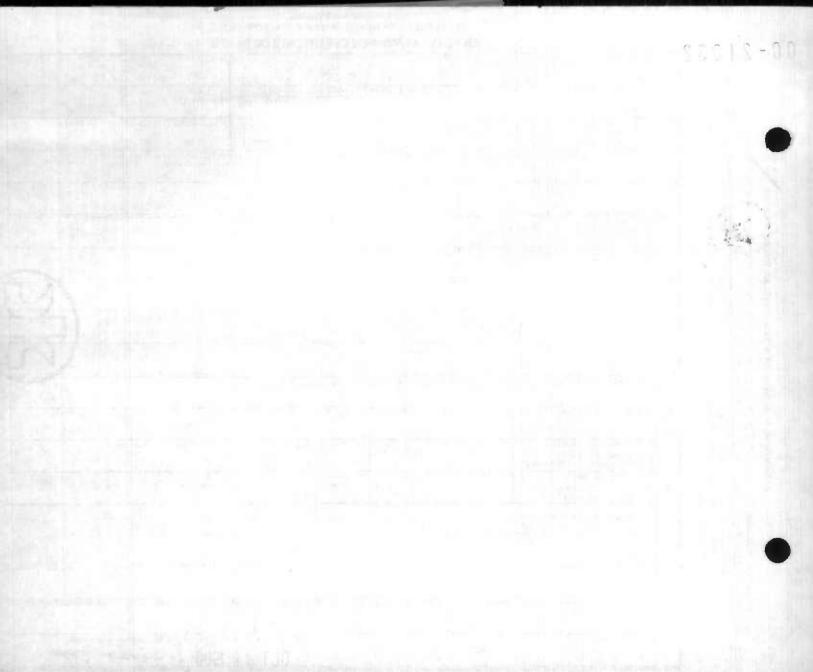
STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR DECEASED NAME MONTH TYPE OR PRINT) Morwoo 86 2 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS 1. SEX 5. DATE OF BIRTH MONTH BIRTHPLACE BALTIMORE CITY OF COUNTY OF DEATH. 76 CITIZEN OF MARRIED NEVER MARRIED Baltimore City DIVORCED CITY OR TOWN OF DEATH 7 126 KIND OF BUSINESS OR AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS / ZIP CODE Pasadena, Md. 13c. CITY OR TOWN 136 COUNTY LIMITS? asadena MOTHER'S MAIDEN NAME A FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -Same as above IE CAUSE OF DEATH (Enter only one couse per line for jo), (b), dysplics. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that the this haspital attended the deceased from saw the deceased alive an, \_, and that in the causes stated new the bady after death 22k SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (SWEETER 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OF TOWN Burial Cedar Hill Cemeter Balto.A 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Funeral Home. 130 E. Fort (VRA 15, 4)



		١,	FOR			DEPART	STA		ARYLAND AND ME		GIENE		/3 -3		O.	4
00-	21632	'	STATE REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO								7	(A)	Sal.
0 0			PE OR PRINT)	FIRST		MIDDLE			LAST		20. DA	ESTI-	MONTH	DAY	YEAR	7h HOUR
	ASE. S.				nala	Μ.	4		itus			TH MATED			19 86	A
	DELAY'S NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE ELLED, WITHIN 72 HOURS PLOS, 22 W PRESTON STREET,	3 SE F	x emale	1. RACE Black	3. DATE OF BIRTH	YEAR 65	6 AGE (IN YE LAST BIRTHD 21 Y	AY) MONT		HOURS A	MIN PRONC	ATE DUNCED AD	MONTH		YEAR 1986	3:16
	STO Y	70. E	BIRTHPLACE (5	ATE OR	76. CITIZEN OF W			I.	ED NEVE		7CT 9 BALT	IMORE CITY				I P N
	NECESSARY, UNERAL DIR S FOR YOUR WITHIN 72	F	OREIGN COUNTRY)	Y .	U	SA		WIDOW		DIVORCED		altimor	e Cit	tv.		M
	SEREN SER	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO			E, OR OTH	ER INSTITUTION	ON I	2n USUAL OC	CUPATION IT		12b KIN	ID OF BUS	
1	DELAY 3 TO TH IN PAG 9 BE EUC RDS, 22		Balti	more	4022 H	iller	Rd.	0			N/A	WORKING LIFE)				if
21201	AND DELA AND 3 TO BETAIN P. COULD B. RECORDS,	13 <sub>0</sub> .	AL RESIDENCE STATE D	(IF IN NURSING HO	ME OR OTHER INSTITUTION, C UNTY	130 CIT	e before admissi Y or town 1 timo:	re	13d INSIDE CITY	LIMITS?	3. STREET AD	oress Harwo	od R	d.	21	239
é	E 4.6.2.4	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	'S MAIDEN	NAME	MIDDLE			AST	
à	<b>新疆发展</b>	12	Eugen			Cat	us Ji		Sa	rah		E.			Ross	
IIMO	Hadao.	160.	WAS DECEASE YES, NO, OR UNKNO YES	DEVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		CIAL SECURIT	1	17 INFORMA			ADDRE				
NA.	IRS AFTER S. GIVE PA WITH FO PAGES DIVISION						-58-98	356	Saral	h E.	Catus	1282	Woo		-	
ST.,	OURS S WII MIT. F		18 CAUSE O	F DEATH (Enter	anly ane cause per lin ISED BY:	e far (a), (b								BETW	PROXIMATE /EEN ONSET	INTERVAL T AND DEATH
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W. P.	UTED WITH! IN PENCIL I EXAMINER SIAL - TRANS O MENTAL H ON, OR REA		gave ri	e to immedi	ate (b)	PASACOI	NSEQUENCE	OF.								
2017			lying cau			N A3 A CO	113EOOE11CE	Or								
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_	JER: THIS CER CATE, WRITINE CORWARDED OR: PAGE 3 S HE STATE DEP (ND, 21201 PR		AT WORK	AT WORK	*	home_		1402		en Rd	., Ba	lto. Ci	ty, N	Md.		
	THE STATE AND,		22a I certi	y that I taak ch	arge of the remains de	scribed ab	ave, held an	Autap		Inspection	. Inqu	iry	and in my a	pinian		
	EXAMINER: CERTIFICATI DUE BE FOR VUID BE ROK VUITH THE S		death result	ed fram: N	atural causes .	Accident	L, Su	ncide	, Hamicid		Undetermined	manner				
	ETHE CERT SHOULD SHOULD ERAL DIRE EATH, WIT ORE, MARY		ACTUAL	7/1/	/	01_			TITLE (SPE				DATE	7	10/19	106
	SEAT STATE		SIGNATURE.					M	D. ASSI	Stant	_MEDICAL EX	AMINER	SIGN	IED	.0/19	7.00
	TO MEDIA EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	-	EXAMINER'S (TYPE OR PRI	NAME NT) W	illiam M.	Zane,	M.D.		ADDRESS	111	Penn St					
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI	23o. 8	BURIAL, CREMA	TION, REMOVA	L 23h DATE	23c	NAME OF CE				23d LOCATIO	V		UNTY	STA	AYE
07/84	BP		Buria		10/24/8	6 S	acred	Hear	rt of	Jesu	s Bal	timore	e (	Co.	MI	
25M	DHMH - 17	1	UNERAL DIREC		ADDRES	\$ _			25	O. DATE REC	C'D. BY REGIS	RAR 756 REG	GISTRAR'S			
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			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE																
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U	4103	4	1 DEC	EASED NAME	F	IRST		MIDDLE			LAST		20 DA	E KNOWN		DAY	YEAR	2b. HOUR	
	25 or 10 25 to		(TYP	ORPRINT	Sh	nelly		D.		(	atus			TH MATED	□ 10/	18/19	100		
	PLEASE HECTOR HOURE STREET		3 SEX		4. RACE	5. 0	DATE OF BIRTH	1	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER			MONTH	DAY		24 HOU	
	N S S S S S	1	-	emale	Blac	ck :	1 4	61		RS.	HS DAYS	Hours		AD AD	10/	18/19		3:1: P A	
	BEESSA JASEAL FOR YOUTHIN	57		7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED * 9. BALTIMORE CITY OR COUNTY OF									TY OF DEA	TH		
			N.Y.				USA WIDOWED DINORCED Baltimore C									У,		WE	
2	PAGE S	)¢		Baltimore			4022 Hillen Rd.						FOR MOST OF A	ISUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR MOST OF WORKING LIFE)  N / A					
100 IS	B DEATH # ANNUD PAGES I'S E AND I ORR PM 3. SETAIN STANNE SHOUD IN ON VARIATIONE	3	13a. S	ATE MD		HOME OF OT	HER INSTITUTION, O	13c. CIT	Y OR TOWN		13d INSIDE (II	TY LIMITS?	130 STREET ADD	oress eaumo	nt A	ve.	212	239	
WD.		1	14. FA	THER'S NAME			MIDDLE LAST					15. MOTHER'S MAIDEN NAME					LAST		
10			16	Eugene			Catus Jr.			Sarah E.				I	Ross				
WO		1	16a V	AS DECEASED		S. ARMED		16b. SC	166. SOCIAL SECURITY NO		17 INFORM	TANT		ADDRE	SS				
ALT	A PACE	1		No	(* 1	J, OITE WAR	OK BAILES]		N/A	1	Sara	h E.	Catus	1282	Wood	lbour	ne	Ave	
1.	N N N	/AL.		18 CAUSE OF	DEATH (En	ter anly or	ne cause per lin	e far (a), (l	o), ond (c).)	180				611			DXIMATE IN	NIERVAL	
PRESTONS	IN 24 H IN ITEA R ALON ISIT PER HYGIENE			PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Gunshot Wound of Chest															
	SAL	Q Y		en tre	4	1.1	DUE TO, O	R AS A CO	NSEOUENCE	OF									
	WITHIN NCIL IN MINER A IRANSIT	2 RE			s, if ony, to imm		(b)												
. W.	AMIL-TR	9		cause (a): lying cous	stating the see last.	under-	DUE TO, O	R AS A CO	NSEQUENCE	OF							411		
5, 201	L EXAL	10		(c)															
DIVISION OF VITAL RECORDS.	UID BE EXECUTED WITHIN 24 H. "PENDING" IN PENCIL IN ITEA F. MEDICAL EXAMINER ALON- ED AS A BURIAL "RANSIT PER PED AS A BURIAL "RANSIT PER HEALTH AND MENTAL HYGIE!	EWA	z	PART 2 DIHER SIG	NIFICANT CON	OTTIONS CONT	RIBUTING 10 DEATH	H BUT NOT REL	ATED TO THE TERM	HINAL DISEASI	E OR CONDITION	GIVEN IN PAR	T 1 (a),						
REC	PENC MEC D AS HEALT	S. —	CERTIFICATION	190. DATE OF	OPERATION	1	196 COND		20 AUTOPSY?										
IAI	SHOULD ORD "PE CHIEF A RE USED A	RIA	IFIC															NO 🗆	
N V	CERTIFICATE STATING THE WOLLD BE 3 SHOULD BE DEPARTMENT	TO BURIAL,	ERT	210 EXTERNAL	-	AS	216. TIME C			21c HC	OW INJURY	OCCURRED	) LENTER NATURE O	F INJURY IN ITEM	18 PART I OR PA		-A	NO LJ	
NO	SHOOT S	E .		UNDERLYING CONTRIBUTIN	OR CAUS	E OF DEA			18/ 1986	-	bject	shot							
/Sic	ERTIF ING ED TG S SHC	PRIOR	MEDICAL	21d INJURY O			21e PLACE	OF INJUR	Y (AT HOME.	21f. LO	CATION	01100		1377	M				
ā	73444	21201	¥	1								- 4	City, Md.						
	S T S			22a. Leertify that I taok charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion															
	MANN FERTINATION OF THE PERTINATION OF THE PERTINAT	MARYLAND,		death resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined manner .															
	EXAMI CERTIF JLD BE DIREC	AR.		ACTUAL	1	2.		-	1		TITLE (SP	PECIFY)							
	A HE SEE	RE, A		SIGNATURE_	11	/1		-	-	M	D Assi	Istani	MEDICAL EX	AMINER	DATE	ED 10	/19/	/86	
	UTE VINE	Q /		EXAMINER'S N	IAME		//												
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE	ALT		(TYPE OR PRIN	T)		lliam M			<u> </u>	ADDRESS		11 Penn	St.					
	P-MT-4	60	230.BL	Burial Buria	ION, REMO		)/24/8		NAME OF CE				23d. LOCATION		COU		STAT		
07/B4 25M	BP	-	24 FI	NERAL DIRECT		110	1/24/0	0	Sacred	ne a		I Je		RAR 125b RE		O.		ID	
	DHMH - 17			NAME C. 1		F/1	ADDRES	S Tr	North	) A TE		O O T	r 0 1 400			-	and a Sta		
	(VR A15 ME (	211	****	1	1001 (1)	1/1	1 110	<u> </u>	1/01 (1	HV	- •	UU	C + 190	9	م الماليان		la since		

ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ld be ! TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician ani should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pag with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. ATTENDING PHYSICIAN: The low etained by the hospital or attending physician TO HOSPITAL

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	2	REG. NO.	27 -	9 6
n		CEASED NAME OR PRINT)	CLARE		EUGENE		HAPME	12	20 DATE OF DE		DAY YEAR	26 HOUR 4: 50 AM
	3 SEX	MAL	٤	Black		5 DATE O		MI3	6 AGE (IN YEAR	2 YRS	IF UNDER I YEAR	IF UNDER 24 HRS
D. A.		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	MARRIEE WIDOWE	NEVER A	MARRIED	BALTIMORE BALT	CITY OR COUN	City	MD.
1	1	Boltimo	re	Merc	OŠPITAL, NURŠII HEACILITY, GIVE STREET NOSA	ADDRESS)	R OTHER INS	TITUTION	12a USUAL OCI		GUFE INDUSTRY	RELL CO.
35	130 S	MD	13b COUL	OTHER INSTITUTION OF	Bultime	VN	134 INSIDE C	NO 🗌	130 STREET ADD	Woodle		re 21217
20	) A FA	THER'S NAME EUG	ENE	wood	CHAPM	MAN	F.F.	S MAIDEN NAM	N	AIDOLE	BRO	oks
1		VAS DECEASED I	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	214 01	9574	Ruth (	Charma	n 257	ADDRESS	brook Ave	Beltinge
Ţ,		18 CAUSE OF E PART I. DE A	TH WAS CAUSE	ly one couse per l D BY: E CAUSE (o)	ine for (a), (b), or Sef	1d 15	170				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if gove rise to couse (01, underlying (	immediate stating the	) (b)	AS A CONSEQU							
	NTION	PART 2 OTHER BYO	in A	noxia	NTRIBUTING TO		100		INAL DISEASE C		GIVEN IN PART 1	
2	CERTIFICATION	7/24	ASJUNDERLYING	21b. TIME OF	hemical	1	x, rigi	ht		IN CER	TIFYING CAUSES	
9	EDICAL		CAUSE OF DEA	P.A.	OF INJURY	19	211 LOCATION STREET	NC		ITY OR TOWN	COUNTY	STATE
4	W	AT WORK	AT WORK	tal) ottended the	ET FACTORY OFFICE	FARM, ETC.)	1	10 86		m 112	21	
		saw the de	eceosed olive on	10	19_19	111	d that in (my)	(our) opinion (	deoth occurred o	on the date and h	nous and from the	that (I) (we) lost causes stated
		22b. SIGNATUR	Marbe	ng		N		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	- 220. DATE	SIGNED
1		M. L	I'S NAME (TYPEO	Porthan	hom		Mari	1 .	ait .	1 Roll	+:	

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

IMPORTANT: If them 21 is morked or them 18 shaws any injury, or other traumotic event, the

PLOY. BALTO, MD. 2/2/6

FAUS

23d LOCATION

BALTIMORE, MARYLAND

C. 250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE OCT 1 7 1986

CARLOR DESIGNATION OF THE PARTY HE THE THE STREET STREET STREET STREET

## FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 0 - 2050520. DATE OF DEATH MONTH DECEASED NAME 25 HOUR LIYPE OR PRINT 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE I STATE OR FOREIGN O CITY OR TOWN OF DEATH 13b COUNTY 4 FATHER'S NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARD 10 PULLMO NAMY HIRRES T DUE TO, OR AS A CONSEQUENCE OF POTENSION Canditions, if any, which gove rise to immediate ANCIRIA couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from The and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c DATE, SIGNED MIDATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I AMBACHEN WORETH 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Randallistown STAVId 10 /11/86 King Memorial Park

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

March Funeral Home-West 4300 Wabash Avenue

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

				STATE OF MARYLAND		
00-20705	1	FOR  STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ನ ೧	27 9 9 8
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 25 HOUR
y be age 3 death	(1)	Jeane Jeane	ette -	Chavis	10	9 86 125 M
- b d	3 S		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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A Pool of the Pool	70.	SIRTHPLACE (STATE OR FOREIGN 7	LE CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
9 11		MCCall Southland	ne USA	WIDOWED DNORCED	Bultim	ore Cety MD.
201		try or town of death	OCATION HOSPITAL, NURSING THE PORT OF HOSPITAL, NURSING THE STREET	ADDRESS)  ADDRESS)  ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
5.21:   No.	130	STATE 136 COUNT	TY ISC CITY OR TOW		13e STREET ADDRESS / ZIP C	ODE
MARYLAND	-17	ARYLAND a,	S. A. BAITIM		12207 LAMIE	y 5t. 21231
ARY	200	ATHER'S NAME FIRST	NODLE	15. MOTHER'S MAIDEN NA	WE	LAST
	160	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECU	S INEZ	ADDRESS	nevels
BALTIMORE, rate be executed by signal and appers. Pages val.			WAR OR DATES)		pell 13 = 74 11	RITON DR
ALTIN te be ders. I	-		y one couse per line for (a), (b), on		CI 1364F 14	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys npop movent,		PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ratura Or	Tramania	BETWEEN ONSET AND DEATH
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nos be	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	JN CE	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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SiCian: ng physic certificat priod-tran frem 18 s	15	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	LEWISK WATORS OF INJURY IN HER	TIB PART ( ORPART 2)
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N Ste of the steer	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
3 0 6 E		220.1 certify that (1) (this hospita	ol) attended the deceased from \( \)	25 9 19 81	0,10 00+ 9	, 19
ATTEN Sspitol CTOR d for u		sow the deceased alive on obove, (I) (we) (did) (did not)	view the body ofter death.	( our) opinion	death occurred on the date and	hour and from the causes stated
he he		226 SIGNATURE		DEGREE		224. DATE SIGNED
by the Oby the CRAL D State Divinition in it.		- 1	10/2V	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/9/06
TO HOSPITAL etroined by the stool by the Stool be deto with the Stool by MADORTANT.		22d. PHYSICIAN'S NAME ITYPEOR	PRINT) I + JAYGOY	22e. ADDRESS 22. S. (6	reene St F	Bell Mil znot
	23 a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP	-	BURIAL	10-13-86 140	lliness Church	MARton	N, C.
DHMH - 16 60M 7/84	24	UNERAL DIRECTOR	ADDRESS	E. Lombardel 250 DA	E REC'D. BY REGISTRAR 256 REC	SISTI ARGOIGNA TRE
(VRA 15, 4)	M	ARN A. ChOJN,	ACILITATI. BA	Himore, Md.	1 10000	7 / 1

(VRA 15, 4)

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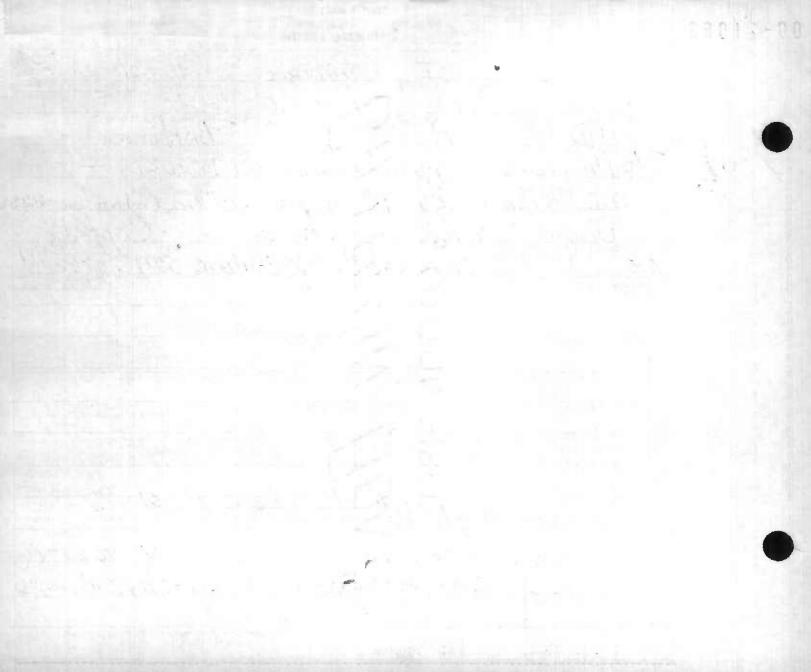
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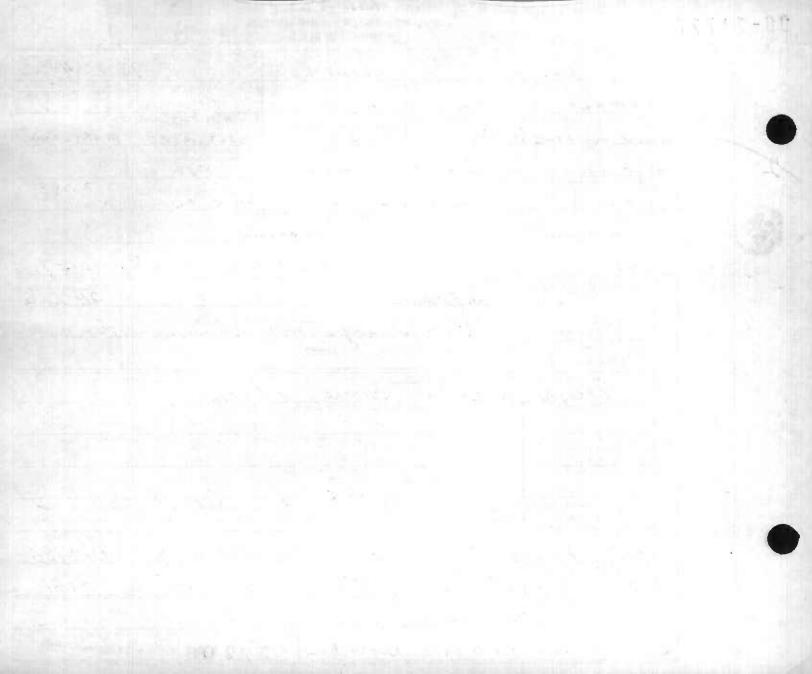
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	- 1			ST	ATE OF MARY	LAND			
00000		FOR - STATE		DEPARTMENT O			IENE	65 (9)	In the state of
00-2240	7	REGISTRAR		CERT	IFICATE OF	DEATH	REG. NO.	2 0	UUU
	1	DECEASED NAME FIRST	WIDDLE		LAST			NIH DAY YEAR	10000
be 3 death		TYPE OR PRINT)	رجا	Cl	ristop	her	10/2	606	932
moy po	3	SEX	4 RACE		E OF BIRTH		6 AGE (IN YEARS LAST BIRTHD		
cto soft		Male	White	MC	9 2	1928	58	YRS MONTHS DAT	YS HOURS MIN.
2 4 5 E	21	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8			9 BALTIMORE CITY OR	THUI	
	27	Maryland	U.S.A.	WIDO		IVORCED X	BALTIMORE C		MD.
511		BALTIMORE	11. NAME OF HOSPITA JIF NOT IN SUCH FACILITY, VA MEDICAL	CENTER B	ALTIMORE		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Mechanic/Ins	ORKING LIFE) INDUSTE	oof Business or RY lerican Shad
24 ho 211 ho 211 ho 211 ho 211 ho	35	SUAL RESIDENCE (IF NURSING HOME OF 36. STATE  Maryland  B		ENCE BEFORE ADMISSION OR TOWN	13d INSIDE	CITY LIMITS?	130 STREET ADDRESS / Z 6591 St. He		21222
H Man Sin A	49	IJFATHER'S NAME			15 MOTHER	S MAIDEN NA	ΛE		ALC: N
W PON V	20	Cleveland		ristophe		Y	MIDDLE	Whit	.by
ORE,	n	MAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	CIAL SECURITY NO	. 17 INFORM	ANT	ADDRESS		
TIME	-	Yes	Korea 216	24 9026	Guy	D. Chris	stopher 6591		
PRESTON ST., BA the death certificate the attending physic ermore carbon pape impation, or removal strumonic event;		PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the	INTO AN EXAMPLE TO A CONTROL OF THE CAUSE (a) CARCA CONTROL OF TO, OR AS A CONTROL OF THE CAUSE (b) DUE TO, OR AS A CONTROL OF THE CAUSE (C) DUE TO, OR AS A CONTROL OF THE CAUSE (C) TO A CONTROL OF THE	Lopuly ONSEQUENCE OF	porta	arres	2 referta	BETWE	OXIMATE INTERVAL
that that that that the state of the state o		underlying cause last	(Ic) Lun	Conce	-, me	tastast	7	3	3 months
S, 20		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	HNG TO DEATH	UT NOT RELATE	D TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	lia
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. The this certificate has been signs the buriol-transit permit. Then is the buriol-transit permit. The hard offending the physician is shown on the division of the physician in the physician is shown on the physician in the physician is shown on the physician in the physician is shown on the physician in the physician i	9	190 DATE OF OPERATION 1910 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO Molique	ent (C)	pleurst	ORMED COMME	YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES []	SES OF DEATH?
AN: Ohysis ficot fron tron 18 s		OR CONTRIBUTION TO CALISE OF DE				NJURY OCCURR	ED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART	2)
MSION OF PHYSICI Offending Fer this cert is the buriel is the doctor when the	X	(IF EITHER NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			211 LOCAT STREE		CITY OR TOWN	COUNTY	STATE
D o P E		22a.1 certify that (1) (this hasp		ed fram	23 26	19 16	to	19 84	, that (I) we last
R ATTEN hospital RECTOR red for up History spt. of His		saw the deceased alive at abave, (1)(we) (did)(did n	at view the body after dec	19 <u>19 </u>	and that in my	(aur) opinian o	death accurred an the date	and have and from t	he causes stated
0 9 0 0 5		OWHal	( refler			ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DA	TE SIGNED
O HOSPITAL erained by 1		Nicholas		Motor	-	S Cree	of Medican	By thomas	ty Itapited
F:, 3	2	3a BURIAL, CREMATION, REMOVA		23c NAME O	CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY_	STATE
BP		Burial	10-28-86		dowridg		Baltimore	e Howard	Maryland
DHMH - 16 60M 7/	/B4 2	FUNERAL DIRECTO Buda - Ru		UDDUE 33			REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN	ATURE AND
(VRA 15, 4)		7922 Wise	Ave. Dunda	lk. Marvl	and 212	22	2 9 1986	7 1 45 100 0	1

1	101			STATE OF MARYLAND
007	2198	3	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	SW SIL		1.05	REG. NO.
	e ω <del>ξ</del>			CEASED NAME THREE TO PEATH MONTH DAY YEAR 26 HOURS
	noy be poge 3		3. SE	X — A RACE IN YEARS LAST BIRTHAY OF RIPTH A AGE IN YEARS LAST BIRTHDAY OF UNDER TYPER OF RIPTH ARS
	E 4 a		J. 5E	S. DATE OF BIRTH  6. AGE IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR  MONTHS DAYS HOURS MIN
	Poge rs		AF 01	TEMPLE DIFICE 9-XC-XC (CC YRS)
	4 36	20		16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALLIMORE CHY OF COUNTY OF DEATH
	deo	2	10.00	WIDOWED DIVORCED DIVORCED DATTONE MD.
	(a)	42		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1756 KIND OF BUSINESS OR LENOT INSUCTIVITY OF EXPERT ADDRESS.
21201	1	1	100	AL HELDENCE IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION IS
0 2	4 ho	20	13u.5	STATE 13. CITY OR TOWN 131 INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE
LAN	nin 2	<u>po</u>	14.50	ATHERS NAME
ARY	164	13/	3	DDLE LAST PIPET MIDDLE LAST
×.	otto	Same of	May M	VAMES VALORENE LIESSA COPPEDE
OR	ond ond oges	g	100 V	WAS DECEASED EVER IN U.S. ARMED FORCES? III. SOCIAL SECURITY NO. 17 NFORMANT ADDRESS ADDRESS ADDRESS
LTIN	rs. P	E	1	144023 MAGET WO CHUIDING DOTT SINGLETTEE
BA BA		ent, th		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
1ST.	ng p bon	Ceve		IMMEDIATE CAUSE (0) cardle son brong marfily
PRESTON	endi e cor	HO E		DUE TO, OR AS A CONSEQUENCE OF
RES	e de off	trou		gove rise to immediate (b) constraint acceptant acceptant
3	by th	ther		couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.
201	ed b pleo	0.0		DARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELIVED TO THE TENTON OF THE TENT
Ś	sign Then to bu	hury	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RECORD	9 = 0	ony #	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
	ne per	× (-)	IFIC	YES NON YES NON NON
VITAL	F 0 9 5 6	8 sh	CERT	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OC CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	40 = -0	E		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
DIVISION OF	A dir	or the	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21I. LOCATION
VISI		rked	W	WHILE NOT WHILE AT WORK AT WORK AT WORK
ā	or off After se os the	a o		270.1 certify that (1) (this hospital) attended the deseased from 1986, to 10-21 1986, that (1) (we) lost
	ATTEN ospitol ECTOR d for u	21 is		sow the deceosed olive on obove, (1) (we) (did) (did not) view the body after death.
-	유 도 교 한 다	Hem		276. SIGNATURE DEGREE 122c DATE SIGNED _
	the Date Dietochite Dietoch	±		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN // 2/-86
	SPITA d by NER NER be d	A		22d. PHYSICIAN'S NAME THE HIGH
	TO HOSPITAL retoined by th TO FUNERAL should be deto with the State	MPORTANT		Duck M.D So HARRIVER St. & Rothman MD
	of of of state of of state of of of state	3	23a. B	BURIAL, CREMATION, REMOVAL 13% DATE 236 NAME OF CEMETERY OR CREMATORY 238 OCATION
	BP			URIAL ARBUTUS MEM. PARK ARBUTUS MD
	DHMH - 16 60M	7/84	_	JNERAL DIRECTOR 250 PART COD BY REGISTRAR'S SIGNATURE
	(VRA 15, 4)		M	MARCH F/H 1101 E. North Avenue



00	0.5		4.00				E UP MARTLAND					
U U -	2172	7 1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTA		REG. NO.	2 8	£3	0
			ECEASED NAME FIRST		MIDDLE	L	AST	20 DATE	OF DEATH MONTH	TH DAY	YEAR 1	h. HOUR
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ay	de de	3. S					LANTON	1100	10	10		1 P 1
£	offer. p	3. 5		4. RACE		5. DATE C			YEARS LAST BIRTHDAY)	IF UNDER		HOURS MIN.
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000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OI	WHAT COUNTRY?	8		- 9 BALTIM	ORE CITY OR CO		ATH	
4	72 and	1	COUNTRY)	111.51	1		D NEVER MARRIE				111	
- 8	5		ACON NORTH CA		HOCDITAL NILIDCIN	WIDOWE	DIVORCEI		LTIMOR			LANDME
W		29		(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)	N OTHER INSTITUTIO		LOCCUPATION ORK FOR MOST OF WORK		USTRY	BUSINESS OR
1	1 0	(	baltimora	hes:	wick No	ursina	Home		NIA			
44 g	d	130	JAL RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		13d INSIDE CITY LIM	ITCO LIG. CEDEET	ADDDECC / 7ID	CODE	21	218
2 / 5	man and	7	MO	30.117	Baltim		YES TO NO		ADDRESS / ZIP			
16.4	2 sho	14.1	ATHER'S NAME		1 Cact III II	0 1 00	IS. MOTHER'S MAID		5 Kenn	ean r	tue.	
<b>OMESS</b>	1 - 2 Z E		FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAST	
6.35	<u> </u>	-	Un Know		Ten			nown				
100	Pages medica	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
ė		1	NO				HUNTER L.	CLANTON	2803	3 K1151	1041	35 / DA
ė .	pers.		18 CAUSE OF DEATH (Ente	r anly ane cause pe	er line far m). (b), and	dicus					APPROXIMA	ATE INTERVAL
ifico	physic pape moval		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	JSED BY:	Most age					0	7 LL	SEI AND DEATH
cert	re r		IMMED	DIATE CAUSE (a)	Lopicen	u_					07	nours
deoth	tendin e carb on, ar				OR AS A CONSEQUE		1 1	. 11. 11.	1			and .
de de	the atter remove e emation, er troum		Canditians, if any, which gave rise to immediate	(b)_	Usina	41	njeckedy	1,11	Marce	P	rang	minino
÷ +	the rem		couse (o), stoting the		DR AS A CONSEQUE	NCE OF	1 Little			The last		
that	by sase of, cr		underlying cause last	(c)_			Daniel .			3.0		
e s	gned to en plea burial,	13	PART 2. OTHER SIGNIFICAL		ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE	E TERMINAP DISEA	SE OR CONDITIO	N GIVEN IN F	ART IIa	
10 60	12 mg	Z	Enlow	halons	Vacia	1	210010	./ .			7.111	
3	beer mit. prior any i	F	190 DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATION	N WAS PERFORMEN	200 AUT		IF YES, WERE	EINIDING	C HCED
0	n. perm ne pr	문			on on the order	O' EKATIO	THAS I EN WINED	100 20	INC	CERTIFYING C	AUSES	F DEATH?
, Å	a tie o	CERTIFICATION						YES 🗌	NO	YES 🗌		NO 🗌
Z	2 T 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY O	OCCURRED (ENTERN	NATURE OF INJURY IN ITE	EM 18 PART I OR	PART 2)	
D.	recrtification of price of pri	CAL	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19						
HY	ar ar	MEDI	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION					10.00
Ü	After the e as the alth and	Σ	AT WORK NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN	COL	VINIY	STATE
Z O	Aft alth		220 I certify that this ha	unital) attended t	ha dasawad from	Cear	3 10	81	Dit 18	8	2/	
Z -	OR OR	1	saw the deceased alive	The same of the sa	To T	8 , an	d that in (my) (our) or	niging doubt	and an the date	, , , , , , , , , , , , , , , , , , , ,		at (I) lost
A	d for a m 2		obove, (I) (we) (did) (dis	not) view the bod	y after death.			pillion death accuri	ed on the date an	d haur and tr	om the ca	uses stated
8 5	Dische Dep		22b. SIGNATURE	. 1	()	n	EGREE			220	DATE SH	GNED
¥.			11/130 on	celso.	h /	11d	ATTEND	ING MEDICAL		1	10/18	3/86
S 7	FUNERAL old be detail of the State		12d PHYSICIALS VAME TH	PE OR PRINT)	/ -		22e ADDRESS			1	1	1
O HOS	TO FUNERAL should be de with the State (IMPORTANT:		W.15.4	Janielle	1/0		Hount	200 1	W HATE	254	2	1211
2	ohs of M	230	BURIAL, CREMATION, REMOV	AL 23b. DATE	122.	AME OF 6	VICONICK	1000	. 70	0/.	04	011
	D	230	(SPECIFY)				METERY OR CREMAT	TORY 23d. LOC	Y OR TOWN	COUNT	γ	STATE
В	P		Burial	9/23	180 Br	000			acon			N.C.
DHM	H - 16 60M 7/84	24 F	UNERAL DIRECTOR	0				o. DATE REC'D. BY	REGISTRAR 256, RE			E A COLD
	(VRA 15, 4)	10	Im. C. marc'	r 614	1107 E.	Nov	th Ava.	DOT 22	TOPE !	a Devido	100mm	Marker
									NO IT			



	FOR
-	STATE
	REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



28004

		CEASED NAME FIRST OR PRINT)		MIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	LITTE	Ernest		Α.	Cla	rk	October 1	. 1986		M
	3 SEX		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER TYEAR	IF UNDER 24 HRS
	N	Male	Whi	te	Nov	ember 12. 191	75	YRS.	HS DAYS	HOURS MIN.
	lo oli	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		DEATH	
1		Maryland	TIS	SA	WIDOWE	D NEVER MARRIED DIVORCED	City			MD
	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
	Ba	altimore	_	Green F		g Home	Retail Sa		NDUSTRY	
7	130 S	AL RESIDENCE (IF NURSING HOME CO		GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CODE		
)		Md.		Baltimo		YES X NO	5615 Laur		venue	21214
	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NAM	ΛE			
)		William Th	nomas	Clark		Corine	WIDDLE	Smith	LAST	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
1	{ Y	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216-01-1	1392	Mrs. Elsa L.	Clark Sam	le		
		18 CAUSE OF DEATH (Enter o	inly one couse per	line for (a), (b), on	dic i			I	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (o)	DRESU		Sepsis		100		
		IMMEDIA		U						
		Conditions, if ony, which	( (b)	r as a consequ	ENCE OF			200		
		gove rise to immediate couse (a), stating the	)							
		underlying couse lost.	DUE TO. O	r as a consequ	ENCE OF			For the		
	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN I	N PART 10	
	NO							J. 1. 0. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	***************************************	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
71	IFIC						YES T NOT	IN CERTIFYING	3 CAUSES	OF DEATH?
4	CER	210 ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCURR			OR PART 2)	
2		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH D						
II	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION				
	ME	WHILE NOT WHILE	( AT HOME STR	PEET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that ## (this hosp	oital) attended th	e deceased from_		12 10 85	10 101	/ 19	86	that (we) lost
		sow the deceased alive or above, (1) (we) (did) (did n	10/	1 / 19	7-	nd that in 🍘 ) (our) opinion d	death occurred on the de	ote and hour and		
		22b. SIGNATURE	1 C	oner deorn.		DEGREE	Assist		22c DATE	SIGNED
		Golm h	V. 130	week	10	ATTENDING PHYSICIAN	MEDICAL STAI	IAN	10/2	2/86
		220 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	,			1
		John Bowi	ie MD	THE WATER		500 W. Univer	rsity Pkway	Balto.	Md.	
		SURIAL, CREMATION, REMOVA	L 236. DATE	23c. I	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		UNTY	STATE
	{:	Burial	Oct. 4,	1986 M	orelar	nd Memorial	Baltimore			yland
		INERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR		
		Leonard J. Ruc	K Inc. E	altimore	, Mary	yaind   no	TO 6 1986	and the last	-0	,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If frem 21 is marked or frem 18 shows any injury, or other

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And Andrews North Commercial Comm

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Name of the second matrix

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injury, or other troumotic event, th

MPORTANT: If Hem 21 is morked or Hem. 18 shows any

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28005

		CERTIF	ICATE OF	DEATH	See P	REG. N	10.				
FIRST	WIDDLE	L	AST		2a. DATE C		MONTH	DAY YE	AR	26 HOU	R
TIE	V.	CL	AYTON		- 10		10 0	6 19	86		м
4. RACE		5. DATE C	OF BIRTH		6 AGE (IN			IF UNDER 1	YEAR		
В	LACK	MONTH 11		1891	94		YRS	MONTHS	DAYS	HOURS	MIN,
Th. CITIZEN OF	WHAT COUNTRY?	8	NEVER	MARRIED []	9 BALTIMO	ORE CITY C		Y OF DEAT	Н		
U.	S. A.			_	BALT	IMORE	CITY				MD.
1 11. NAME OF	HOSPITAL, NURSIN	NG HOME C			12a USUAL	OCCUPAT	ION	12b. K(r		BUSINE	
							OF WORKING E			AMTT	Y
HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)									
b. COUNTY				_	RD F	ADDRESS AT THE	ORF.	MARYT.	AND	212	17
	1					MULTIN	iora,	2 20 01 ( 2 2 2 2	1412		
MIDDLE			D	FIRST MIT.TMF		MIDDLE		BRA	LAST	N	
					1223	CAPAR	PPDAT		_	14	
(IF YES, GIVE WAR OR DATES)	219-30-4	176	HEDMAI	VETTV						217	
	-		HERM	1 KLLDI	DALI	THORE	PIMA				VAL
CAUSED BY:	1	1	0	P				BETV	1/2	NSET AND	DEATH
MEDIATE CAUSE (0)	1470	crec	- ce	new	,			-	10 1	//w/	,
	R AS A CONSEQU	ENCE OF	No.	+ F.	0.00	, ,			6	no	nt
	myese	me	per	1 Jac							
the lost DUE TO, C	My C	SCALE	hal.	Infa	uli	-		(	h	nont	16.
Denbe	Ces no	DEATH BUT	1-	D TO THE TERM	INAL DISEA	SE OR CON	NDITION GI	IVEN IN PAI	RT 110		
19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUT	OPSY?					
					YES	NO	1		0363		_
4100410 4		AV VEAD	21c. HOW I	NJURY OCCUR	RED (ENTERN	NATURE OF INJU	URY IN ITEM 18	PART I OR PAR	₹₹ 2)		
JSE OF GENTH											
		23.10				CITY DO TO	OWN	COHN	īv		TATE
[AT HOME S	IREET, FACTORY, OFFICE,	FARM, ETC.)	JINCE			CITTONIA				3	
his hespital) offended t	he deceosed from.	4	17	19 8 3	, to	pre	unt	اوار		hot (1) &	lost
	19_	86	nd that in (my	(our opinion	deoth occurr	red on the d	date and ha	our and tion	n the c	ouses sto	ted
(did not) view the bod	y offer death.		DEGREE		/			221. [	DATES	IGNED	
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			4 4 4 4 4					-	_		-11-1-1
	MIDDLE  J. NAME OF (IF NOT INSULATED IN COUNTY)  MIDDLE  J. NAME OF OTHER INSTITUTION OF ITEM	ATIE  4. RACE  BLACK  EIGN 7b. CITIZEN OF WHAT COUNTRY:  U. S. A.  11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 1223 CLOVERDALLE SHOOLED BY COUNTY BALTIMOF  MIDDLE LAST  WILLS. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  10. S. CAUSED BY:  DUE TO, OR AS A CONSEOL (IF YES, GIVE WAR OR DATES)  DUE TO, OR AS A CONSEOL (IF YES, GIVE WAR OR DATES)  DUE TO, OR AS A CONSEOL (IF YES, GIVE WAR OR DATES)  19b. CONDITIONS CONTRIBUTING TO CONTRIBUTI	ATIE  V. CI  ARACE  BLACK  BLACK  11  BLACK  11  NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF STREET ADDRESS!  BLACK  III. NAME OF HOSPITAL NURSING HOME OF STREET ADDRESS!  I 223 CLOVERDALE ROAD  BALTIMORE  ANDLE  LAST  KELLY  IU.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  I 6b. SOCIAL SECURITY NO.  219-30-4176  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (Enter only one couse per line for 10), 1b), and (c.). Is concerned to the lost.  (IT YES OF CALL HOWE STREET, FACTORY, OFFICE, FARM, ETC.)  (IT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ATIE V. CLAYTON  4. RACE  4. RACE  BLACK  11 20  MARRIED DAY  MARRIED DAY	ATIE V. CLAYTON  4. RACE  BLACK  BLACK  BLACK  11 20 1891  120 1891  11 20 1891  120 1891  11 20 1891  120 1891  120 1891  120 1891  130 1891  14 11 20 1891  15 MARRIED   NEVER MARRIED   NEV	TREST  MIDDLE  V. CLAYTON  1. RACE  BLACK  BLACK  BLACK  11 20 1891  94  11. NAME OF WHAT COUNTRY?  MARRIED   NEVER MARRIED   18 BALTIM  WIDOWEDK   DIVORCED   BALTIM  IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STEER ADDRESS)  1223 CLOVERDALE ROAD  SHOOL OR OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMESSION)  BALTIMORE  LAST  WIDOWEDK   DIVORCED   136 INSIDE CITY LIMITS?  PAULLINE  LAST  WIDOWEDK   NOT HORSE SEFORE ADMESSION)  IN MODILE  LAST  WILLIAM  WIDOWEDK   NOT HORSE SEFORE ADMESSION)  IN MODILE  LAST  WILLIAM  WIDOWEDK   NOT HORSE SEFORE ADMESSION)  IN MODILE  LAST  WEST NAMED FORCES?  IS MODILE  LAST  WEST NAMED FORCES?  IS MODILE  LAST  WILLIAM  PAULLINE  LETTER OF INJURY  HOUR A.M. ADNITH DAY YEAR  P.M. 19  IN HOUR A.M. MONTH DAY YEAR  P.M. 19  IN H	ATTE V. CLAYTON  4. RACE  BLACK  11 20 1891  94  TELON 78. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   RALITIMORE CITY  WIDOWEDED   DIVORCED   RALITIMORE CITY  (FINOT IN SUCH FACHIEF ADDRESS)  12.23 CLOVERDAL ROBSISHED HOME OF OTHER INSTITUTION   128 USUAL OCCUPAT  (FINOT IN SUCH FACHIEF ADDRESS)  12. SHOWN OF OTHER INSTITUTION OF WE RESIDENCE SEPORE ADMISSION   136. INSIDE CITY LIMITS?  BLITTMORE  ANDLE  LAST  WEST  MEDICE  LAST  LETTOR OR AS A CONSEQUENCE OF  WHAT PAULINE  LOST ON AS A CONSEQUENCE OF  WHICH ON AS A CONSEQUENCE OF  WEST  WEST  WOOLE OF THE ASTRONORY  WEST  WES  WIND  WEST  WEST  WEST  WEST  WEST  WEST  WEST  WEST  WEST  WEN	TREST  MODIE  V. CLAYTON  1. RACE  S. DATE OF DEATH MONTH  MONTH  1. PARCE  BLACK  1. 20 1891  94 YRS.  BALTIMORE CITY  BALTIMORE  BLACK  1. NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION  (IPPE OF WORK FOR MOST OF WORKING)  1. SOUND COUNTY  BALTIMORE  1. MODIE  BALTIMORE  BALTIMORE  1. MODIE  BALTIMORE  BAL	TREST  MODIE  LAST  TO DATE OF BIRTH  V. CLAYTON  1. DATE OF BIRTH  DATE OF BIRTH  THE SHARED  LOON THE COUNTRY SEE  MARRIED  NOVER MARRIED	THEST WODGE  V. CLAYTON  10 06 1986  ATE V. CLAYTON  11 20 1891  LAST  WODGE V. S. A. WODGE V. SERRY  WOONED DAY 1897  WOONED DOWNERS COLVERON STREET ADDRESS OF CONDITION OF SHEED STREET  LOS ARE OF DEATH WON'N DAY 1898  MARRIED DAY 1899  MARRIED DOWNERS DOWNERS OF SHEED SHEED DAY  WOONED DOWNERS OF SHEED SHEED DOWNERS OF SHEED	THE ONLY DOES OF STREED IN SOCIETY OF WHICH OPERATION WAS PREFORMED TO THE STREET ADDRESS OR CONDITIONS GOVERNOUS FOR WHICH OPERATION WAS PREFORMED TO THE STREET OF S

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

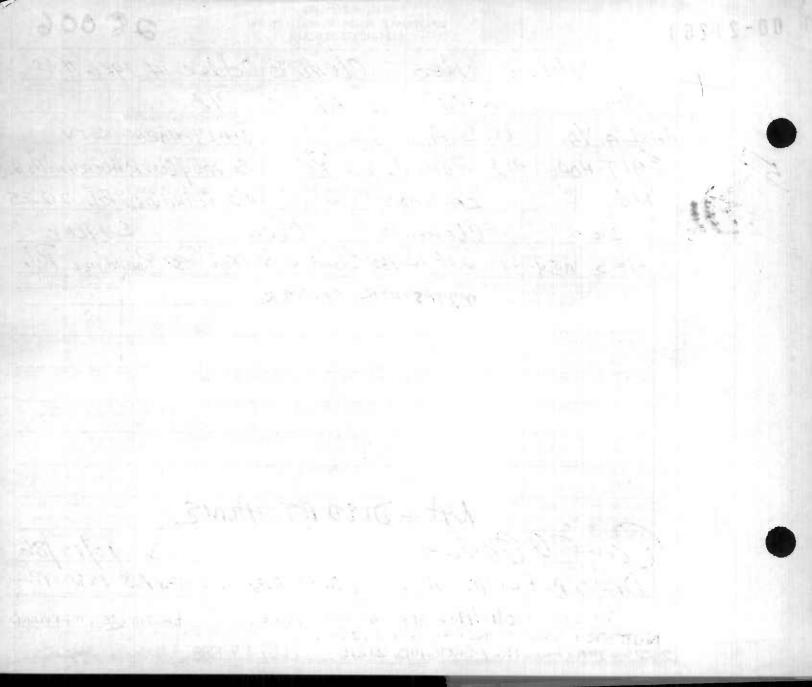
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7	MEDICAL CE	(IF EITHER NOTIF	G CAUSE OF DEAT	Р.	M. MONTH D M.	AY YEAR		OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
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		220 I certify the	not (1) (this hospit eceased olive on (we) (dip ) (did not RE		1/1/19:		d 1161 Dmy Pour	apinion de	In part on Red		r and from the c	
		2HOPHYSICIAN	N'S NAME (TYPE OF	One PRINT)	lers	~		IDING	MEDICAL STA		10/1	15/86
1	23n P	DAV	TION, REMOVAL	23b. DATE	1736	O,	LOCH EMETERY OR CREM	TATORY	VEN UST	REA	8 170)	9611
		SPECIFY) B	URIAL	10/18	1986 AI	RBUTU	S MEM, 7	PARK	CITY OR TOWN	71 - 11		MARYLAND
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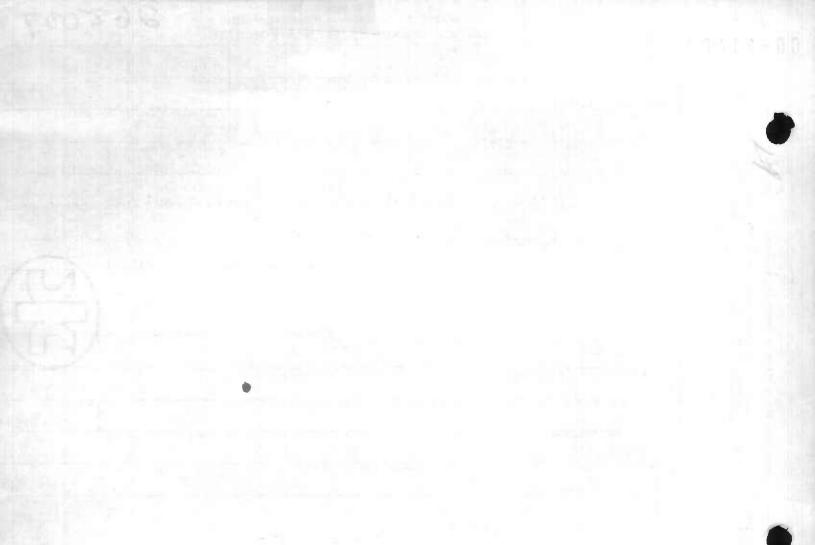
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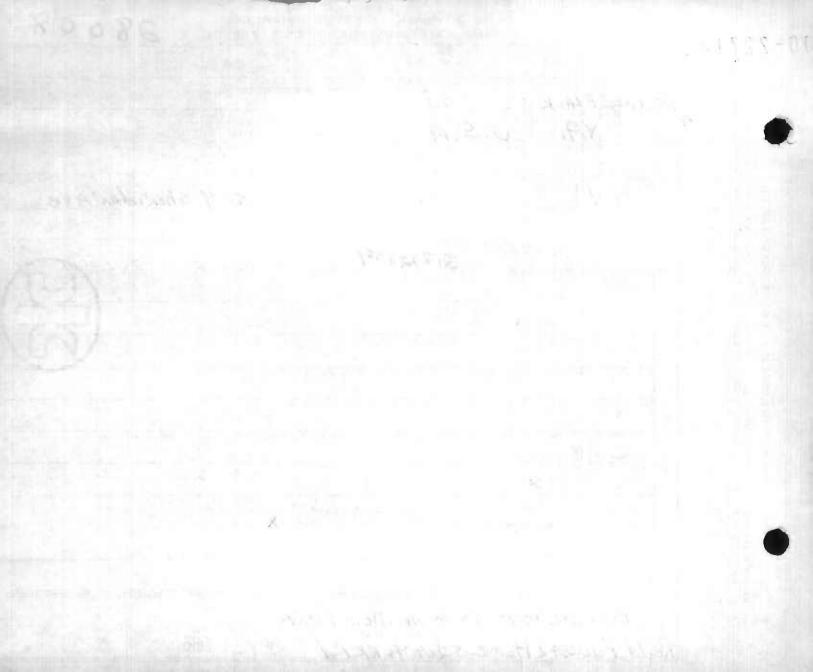
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Rita DEATH MATED 10 13 1086 Clemons 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR 2d HOUR 1.2:26 IF UNDER 24 HRS 20 DATE PRONOUNCED MONTH DAY YEAR LAST BIRTHDAY UR DEAD Female. White 10 60 10 13 1986 26 YRS TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore City, Maryland WIDOWED CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore University Hospital Self Employed Beauty Shop a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore NO W 3707 McDowell Lane Balto, Highlands -14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Rita Harry Greenwood Kram 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 21230 217-66-4933 Harry Greenwood 2582 Marbourne Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG V USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, C IRIAL, CREMATION, OR REMOVAL. PART DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .0 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER. THIS CENTRE CANDER FORWARDED TO THE CANDER PAGE 3 SHOULD BE USENTED FOR THE CANDER PROPER PROPERTY OF THE CANDER PAGE SHOULD BE USENTED FOR THE PAGE SHOULD FOR THE PA YES X NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING POR CONTRIBUTING CAUSE OF DEATH 11:10 M. 10 12 10 86 Driver in auto/auto impact 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED PAGE 4 SHOUID BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BACTIMORE, MARYAND, 21201 P AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Southwester Blvd & Selma Ave, Arbutus, Balto, MD. street Autopsy X 220. I certify that I taok charge of the remains described above, held an Inspection ond in my apinion Inquiry deoth resulted from: Homicide Undetermined manner 10/13/86 MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 10/16/86 Loudon Park Cemetery Baltimore Maryland 07/84 BP Burial 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. - 4 BOOM -



STATE OF MARYLAND DEPARTMENT OF HEALTH AND METITAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED LUCILLE CLEVELAND 10-10-86 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS RONOUNCED DEAD 10-10-869 7:05 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 1 DIVORCED . Baltimore City OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 504 Sheridan Avenue Baltimore UAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** (YES, NO. OR UNKNOWN) AIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Seizure disorder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which old Head Injury gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔯 NO [ 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Subject assaulted CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK NOT WHILE Unknown AT WORK Unknown Unknown 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry Homicide A Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 0-10-86 SIGNATURE EXAMINER'S NAME Korell.M.D. (TYPE OR PRINT) Margarita A. \_ADDRESS. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION COUNTY STATE 250 DATE REC'D. BY REGISTRAR 25WREGISTRARIS SIGNATURE **DHMH** - 17 (VR A15 ME (5))



1051		FOR STATE REGISTRAR	,	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. N	10.	13.6	
		EASED NAME FIRST		MIDDLE	I.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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od a	SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
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11.000	o de	Baitemereath		F HOSPITAL, NUR BUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	26. KIND OF NDUSTRY	BUSINESS OR
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	13a S'			13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
		MD -		Balto	).	YES 🔀 NO 🗌	4301 Wick	cford R	d., 2	1218
2 sr	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
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of.		18 CAUSE OF DEATH (Ente	r anly one cause p						APPROXIM BETWEEN ON	ATE INTERVAL NSET AND DEATH
o de		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)_			Aveumon	ia		daen	
ortendi ove co tion, o oumot		Conditions, if any, which	(b)	OR AS A CONSE	OUENCE OF					
gred by the attendary in please remove carbonial, cremation, or y, or other fraumat		gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO,	or as a conse	OUENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	NDITION GIVEN	IN PART 11a	
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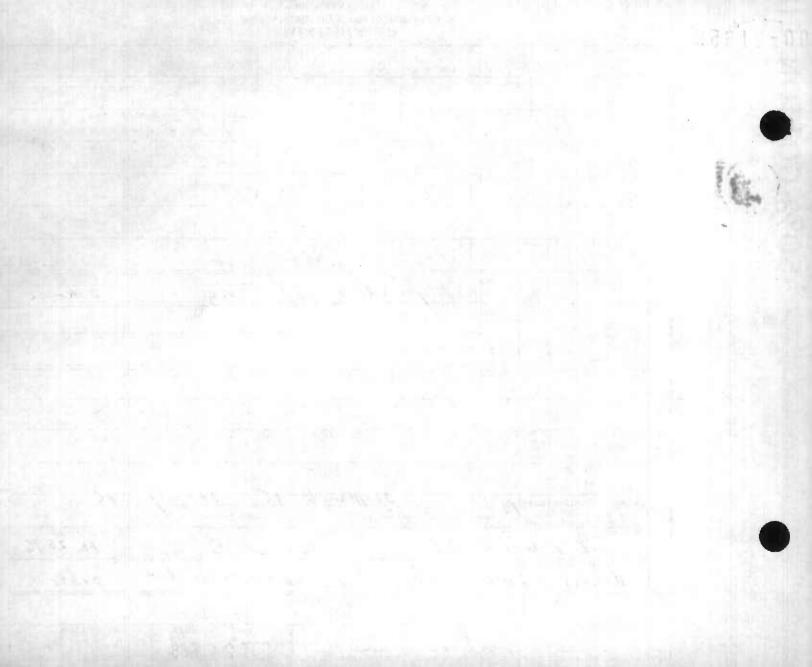
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT Elsie 10-19-86 E. Colbert 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 1 SEX 4. RACE IF UNDER I YEAR IF UNDER 24 HRS YEAR HOURS 11-25-1906 White 79 -Female BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Balto. Md. Baltimore City WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 125 KIND OF BUSINESS OR Francis Scott Key MEdical Center Crown Cork & Seal Baltimore Retired SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

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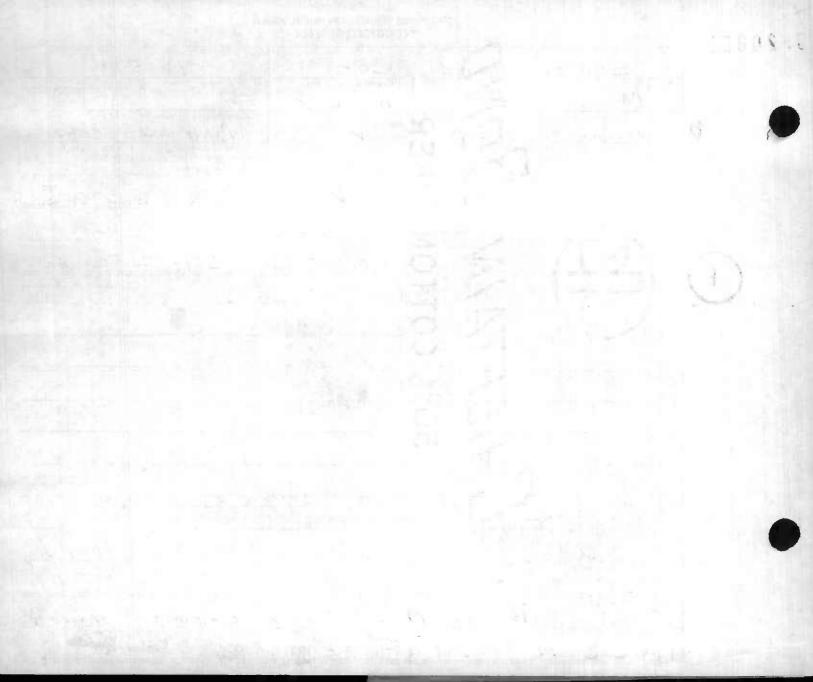
131, CITY OR TOWN 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Balto. Balto. 433 Maryland Ave. -21221 15. MOTHER'S MAIDEN NAME EATHER'S NAME MIDDLE Vera Unknown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) MRs. Frances M. Brooks-433 Maryland Ave.-2122 212-24-8045 No 18 CAUSE OF DEATH (Enter only one couse per line in all its and ice PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from now the deceased alive an. ond that in (my) (our) opinian death occurred on the date and haur and from the couses stated bove, (1) (we) (did) (did 226 SIGNATURE DEGREE 22c. DATE SIGNED ainess (10) 10-20-86 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) EASTERN AVE. 23r. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE Elkridge, Md. STATE Burial 10 - 22 - 86Meadowridge Cem. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1 111 (VRA 15, 4) John C. Miller Inc.-6415 Belair Rd.-21206



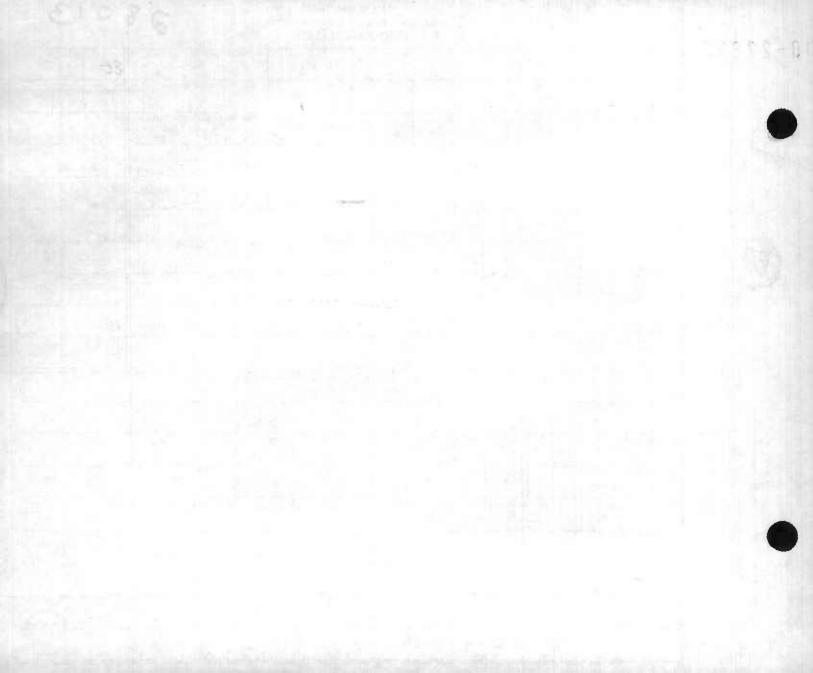
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MUDDLE 2g. DATE OF DEATH 26 HOUR **EDWARD** TYPE OR PRINTS L. COLEMAN 86 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1 5EX 5 DATE OF BIRTH MONTH YEAR ALE HITE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH LEATE OR FOREIGN MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED IX 126 KIND OF BUSINESS OR AT LAW LITYPE OF WORK FOR MOST OF WORKING LIFE LIAL HE SIDENCE (IF NURSING MI DI DTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Un STATE NINCOUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTO. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST ISADORE COLEMAN ADA BERKOWITZ LOUIS COLEMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 2508 GUILFORD AVE. BALTO. MD 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ The ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE saw the deceased alive an Detaka 27 ,19 See \_\_\_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 10/27/86 PHYSICIAN DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME TTYPE OR PRINT 22e ADDRESS 3d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY I SPECIFY CITY OR TOWN COUNTY BURTAL. OCT.28,1986 AITZ CHAIM BALTIMORE MARYLAND 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/84 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO, MD 21215



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	14. FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST							
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VISION	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE							
A A A A A A A A A A A A A A A A A A A		pital attended the deceased from October 15 1986, to October 17	9_86_, that (I) (we) ast							
12 of	saw the deceased alive above, (1) (we (did)) did	nat) view the body after death.								
to OR	27b. SIGNATURE	ATTENDING MEDICAL STAFF OF PHYSICIAN DIRECTOR PHYSICIAN OF	224. DATE SIGNED							
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(VRA 15, 4)	6010 REISTERSTO	OWN RD., BALTO MD 21215 OCT 23 1986	order Shoulder							

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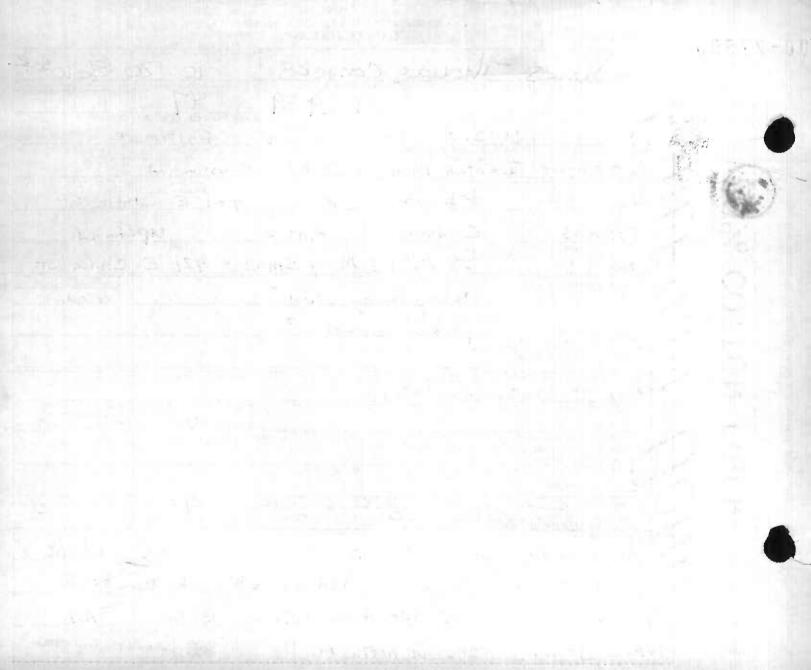
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH LTYPE OR PRINTS Sterling 10 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Aug. 30, 1918 Male White TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED U.S.A. Maryland Baltimore City CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Mercy Hospital Restaurant Owner 3016 Glenmore Ave. 138. INSIDE CITY LIMITS? Maryland Baltimore YES X 21214 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Connolly Lyda Thomas McCarriar James Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 219-05-8716 Naomi B. Connolly, 3016 Glenmore Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: 2 years metastases Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC ) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceosed olive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body after death 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

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DHMH - 16 60M 7/84 (VRA 15, 4)

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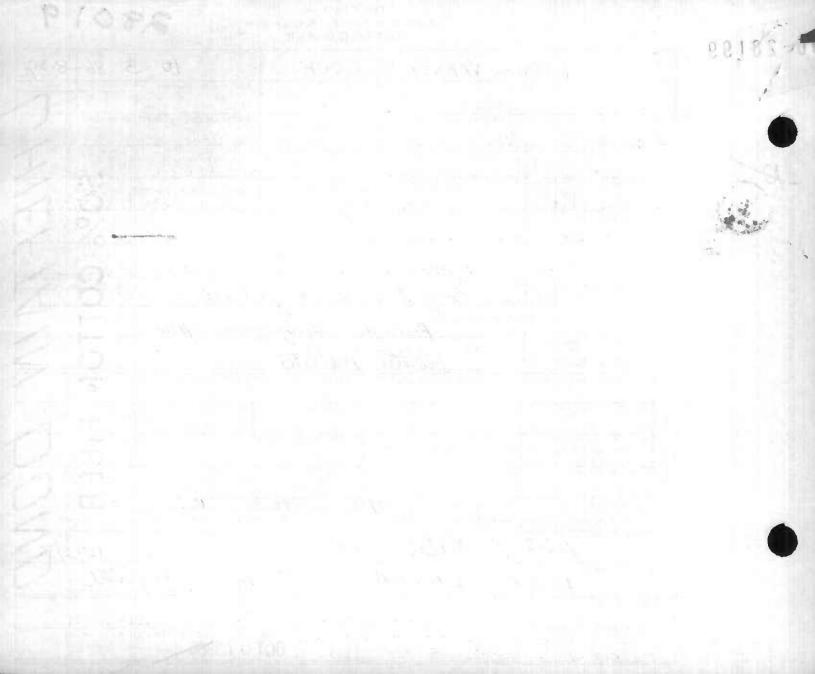
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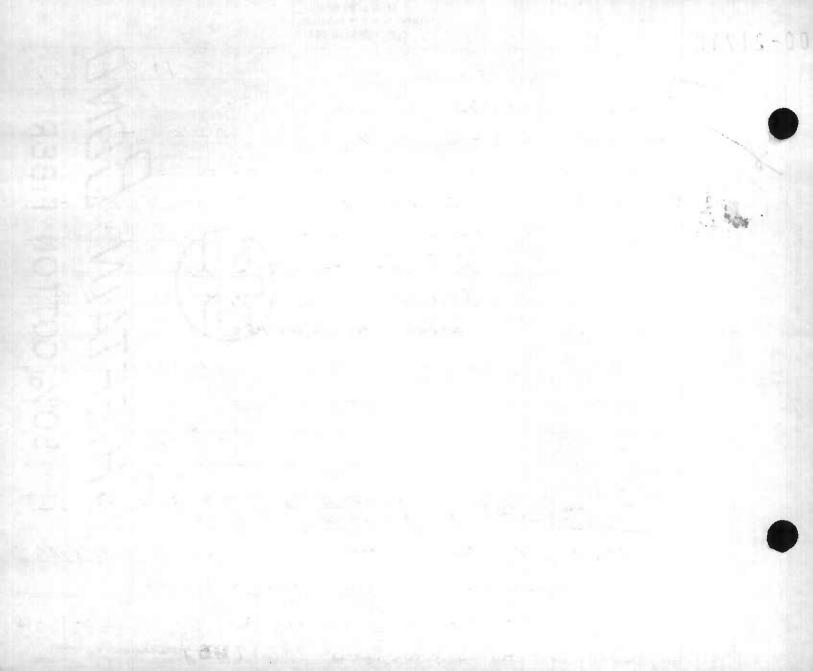
230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATOR

Oct.20,1986 Moreland Mem. Pk. Parkville, Balto., Md.

RUBERT COR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto. Md. 21214

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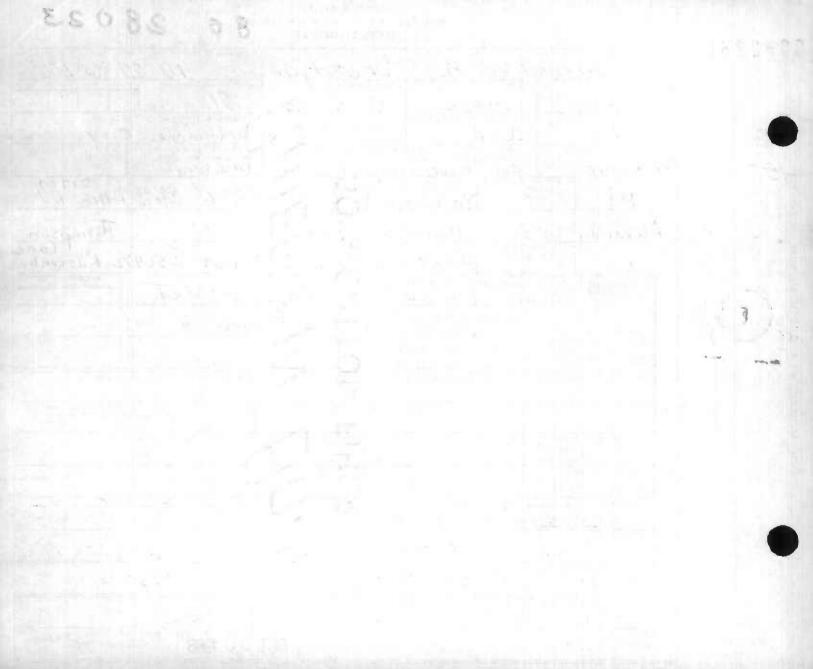
Little W. Traville Dance.

28022 DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 7b. HOUR Naomi H. Cooper (TYPE OR PRINT! 100 DODE 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH YEAR BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY WIDOWED DIVORCED Baltimore CITT 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balknore Verenl Waitress Hospit Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GUAL RESIDENCE BEFORE ADMISSION) 2/225 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES -3809 S. Havener NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Fitz Joseph Margre ADDRES Pasadena Md 21122 160 WAS DECEASED EVER IN U.S. 17. INFORMANJ LIF YES GIVE WAR OR DATES) 2164 Springdale Rd Ronald Cooper APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cond; ac DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which complex gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3001 5. - avove 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Bethel Church Cem. Waynesboro Pa. Washington Buria] 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 George J. Gonce 4001 Ritchie Hgwy Balto Md a - Editable - Ety ani. (VRA 15, 4)

STATE OF MARYLAND

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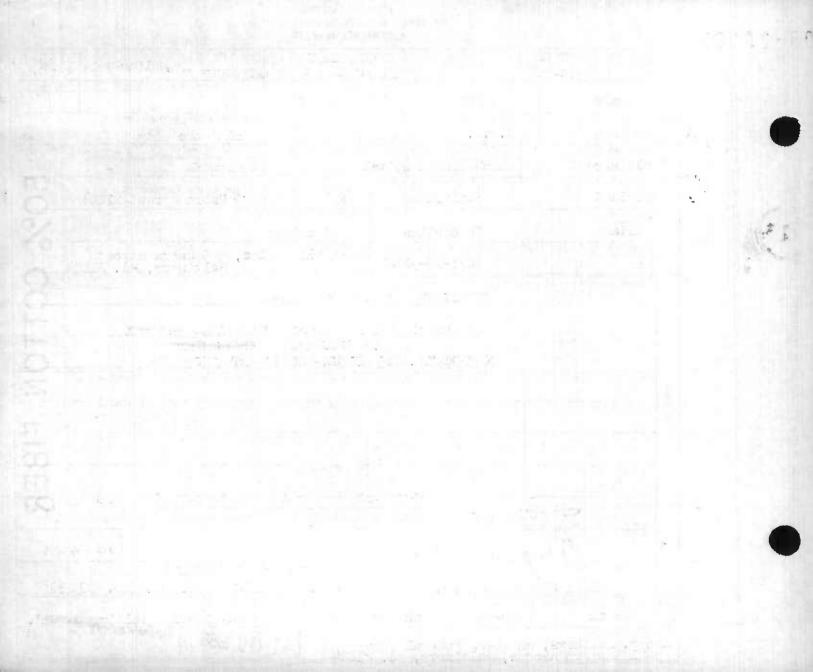
STATE OF MARYLAND

If you have sent birth certificates to DVR which are this or any previous list, please contact

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	PAGE PAGE PAFTER BATTER	23a.8	URIAL, CREMA DRIAL, CREMA Buri	TION, REMOVAL		236	NAME OF CEA				734 10	CATION PRIOWN TINGS	Mills	COUR		YMI
07/84 25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIREC	TOR	188	ADDRESS 00 Wabash		01 030		25a. DATE R	EC'D. BY	REGISTRAR 1986	25h REGIS	STRAR'S S	SIGNATURE R	

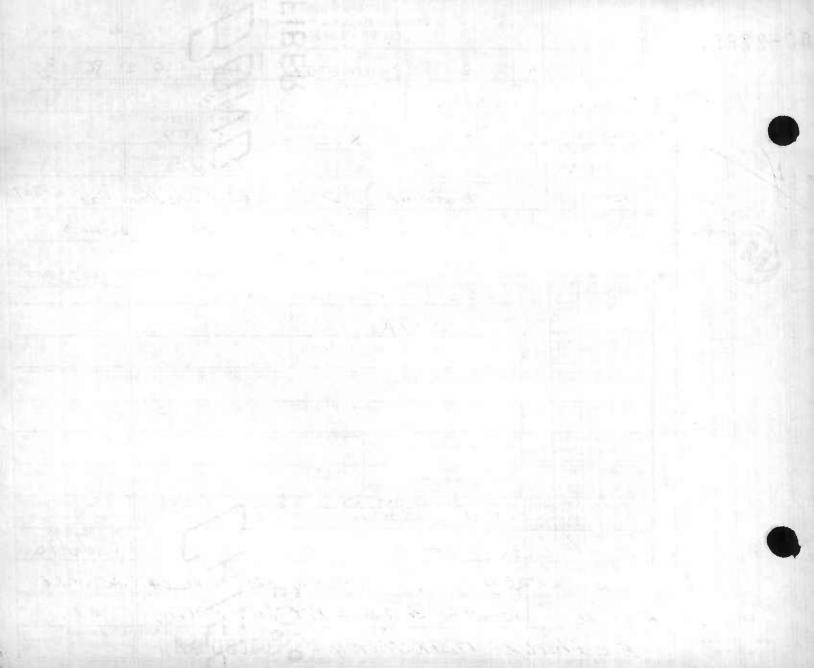


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OR ATTENDING PHY e hospital or ottendi DIRECTOR. After this sched for use as the bi Dept. of Health and M Hem 21 is marked or	MEC	while armon armon white two armon armon white saw the decease above, (1) (we) (d 27b. SIGNATURE	this hospital	attended the	deceased from	OCTOBI 86on	STREET  R 4  d that in (my)  DEGREE	19 86 (aur) ppinion	to OCT(		d hour and f	rom the co	GNED
TO HOSPITAL ( Petonined by the TO FUNERAL E should be deto with the Store E MAPORTANT: If			G SUN	LEE,		u	220 ADDRES	S CHURO	MEDICAL DIRECTOR CH HOSE ADWAY	PITAL		. 21	
BP		urial, cremation, i specifical	REMOVAL	236. DATE 10-7-		NAME OF C			23d LOCATION Balti	more	Balt:	i marce	STATE Md.
DHMH - (6 60M 7/84 (VRA 15, 4)	Ar	INERAL DIRECTOR IN SM: Matth 1021 Easter	news, N	Matthew	s Funer	al Home	1224	OCT	09 198	STRAR 25 BE	A SOLUTION SAME	SIGN ATUR	E

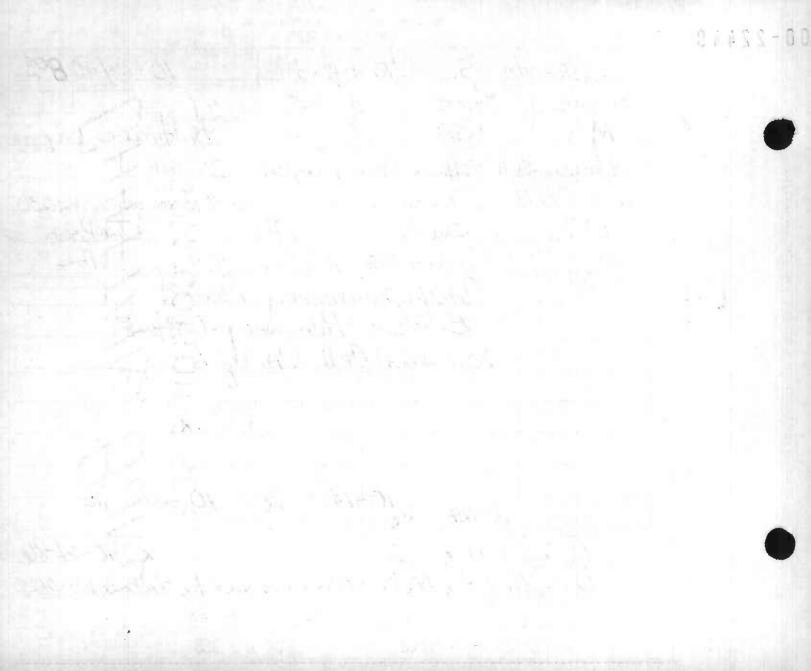


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-20722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR . DECEASED NAME MONTH 20. DATE KNOWN YEAR 26 HOUR (TYPE OR PRINT) ESTI-1086 DEATH MATED X 10 - 7Mary Couser 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d. HOUR DAY LAST BIRTHDAY PRONOUNCED 8:19 female black 26 1919 67 DEAD 10 - 81986 a. M 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S. C. USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) MPHUNYSTMFa Co. Retired Baltimore Hilton Street 110 N. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21229 Baltimore Md 110 N. Hilton Street NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE SELENUS Maggie Chandler. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS 216-28-6250 Carolina Couser 110 N. Hilton Street CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAL EXAMINER ALONG YEARING BURIAL - TRANSIT PERMIT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FORWARDED TO THE CHIEF MEDIC OR: PAGE 3 SHOULD BE USED AS A THE STATE DEPARTMENT OF HEALTH ND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK WHILE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGI AFTRE DEAH, WITH THE SYMIR BALTIMORE, MARYLAND, 2120 Autopsy XX 220 I certify that I took charge of the remains described above, held on and in my opinian Natural causes In X death resulted from Homicide Undetermined manner TITLE (SPECIFY) M. Assistant DATE 10-8-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION REMOVAL 23b. DATE 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Buria! 10/11/86 Mt Auburn Cemetery Baltimore 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** مت منطاعات والماليانية (VR A15 ME (5)) March Funeral Home West 4300 Wabash AVenue

	- 1				STATE OF MARY	LAND			
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+ 0 ×		CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	FORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	NGS LISED
ene pr	91	FIC.	THE DATE OF OFERANOR	The coredition of the state of	OF EXAMON WAS FERE	OKMED		IN CERTIFYING CAUSES	OF DEATH?
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Mental ar Item	7	OA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
o o o	/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC.) 211 LOCAT	TION EET	CITY OR TOW	VN COUNTY	STATE
th o			AT WORK NOT WHILE						
leo!			22a.1 certify that (1) (this hospital	I) attended the deceased from	OCT 17	19 3 (	. to 1 OCT 2	, 17	that (I) (we) last
2 4			saw the deceased alive an_ above, (I) (we) (did) (did nat)	view the body ofter death.	, and that in (m	y) (our) opinion dec	oth occurred on the do	ite and have and from the	couses, stated
Dept.			22b. SIGNATURE		DEGREE			22c DATE	AIGNED .
Jetac Die Die T. H. I			R. Ren	en M.	カ.	PHYSICIAN []	MEDICAL STAF	IAN (10/1	2/16.
uld be deta h the State [ ORTANT: H	1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDR	ESS			
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		1	Surial	10-27-86 0	9 CTIMORE 1	WAT. CEM		io, county Md	STATE
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	STATE OF MARYLAND
00-22449	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
oge 4 moy be reduction to the	DECEASED NAME (TYPE OF PRINT)  RENDER S.  RAW-FORD  S. DATE OF BIRTH  MONTH 3 - 5-45*  YRS  A RACE  PRINT  A RACE  B ACK  MONTHS DAYS HOURS MIN.  YRS
deoth. P	7% CITIZEN OF WHAT COUNTRY? 8 ARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED 120 USINA OCCUPATION 120 MIND OF BUSINESS OR
1201 burs offer thed will	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  126. USUAL OCCUPATION (IF POT IN SUCH FACILITY, GIVE STREET ADDRESS)  127. USUAL OCCUPATION (IF POT WORK FOR MOST OF WORKING LIFE) INDUSTRY  DISCUSSION  128. KIND OF BUSINESS OR (IYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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BALTIMORE, MA cote be executed litten and comp Poges on the medical exa	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNIQUENI) (IF YES, GIVE WAR OR DATES)  212-44-9356 SULLIE OUTPAS 5450 Linuxew Ave.
ires that the death certific gned by the off muting an in please remove cultima burial, cremation of a muting by, or other trainments	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE OF CONDITIONS VEN IN PART 110
L RECORE  Los low requirements the permit. The permit T	TO DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 10b AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 10b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VIT A NG PHYSICIAN. Th offer this certificate to st the burial-transif th and Mental Hygie hond Mental Bygie	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  COUNTY  CLASS  CLASS  COUNTY  CLASS  CLASS  COUNTY  CLASS  COUNTY  CLASS  COUNTY  CLASS  COUNTY  CLASS  CLASS  COUNTY  CLASS  CLASS  COUNTY  CLASS  COUNTY  CLASS  COUNTY  CLASS  CLASS  COUNTY  CLASS  COUNTY  CLASS  CLASS  COUNTY  CLASS  COUNTY  CLASS  C
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O HOSPITAL OR efounded by the he TO FUNERAL DIRE should be detoched with the Store Dept MAPORTANT. If there	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
TO HOSP retoined TO FUNI should be with the IMPORTA	230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION
BP	Burial 10/28/86 Meadowridge Cemetery Elkridge County 51 Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR  March Funeral Home West 4300 Wabash Avenue  250 Date REC.D. BY REGISTRAR 2516, REGISTRAR 3516, REGISTRAR

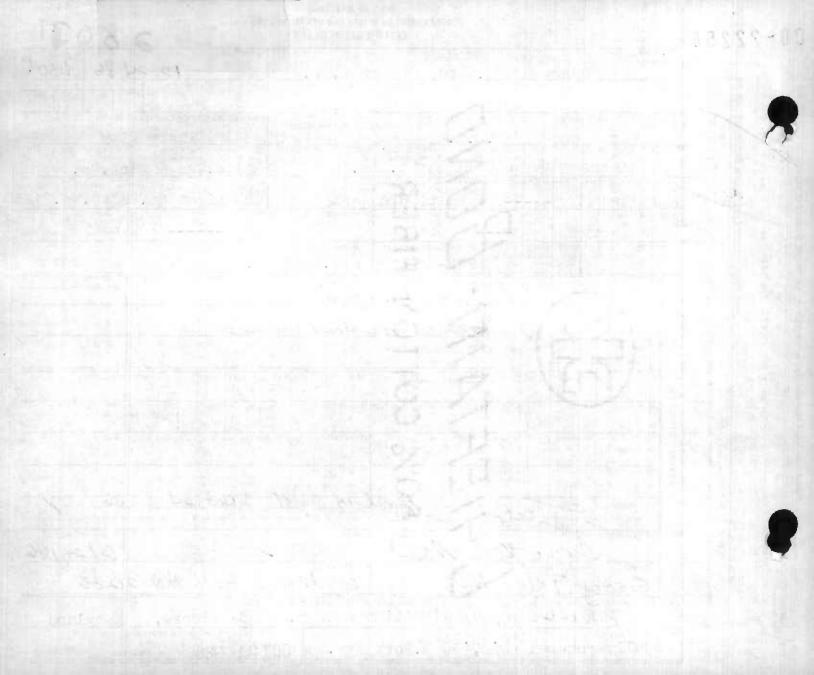


Wm.C.March F/H Inc. 1101 East North Avenue

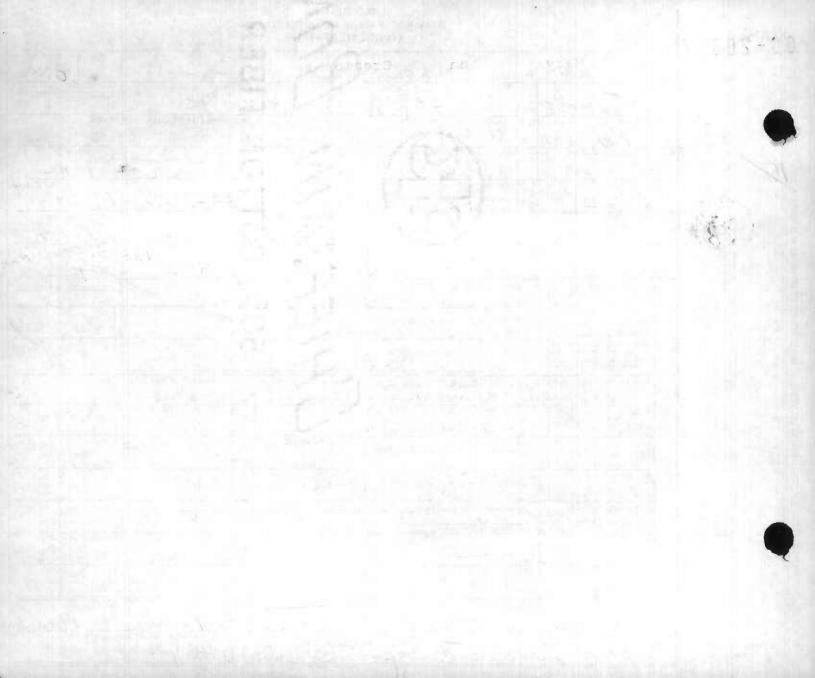
DHMH - 16 60M 7/84

(VRA 15, 4)





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH YEAR DECEASED NAME Ann LIVPE OR PRINTS reamo deo 4 RACE IF UNDER I YEAR 3. SEX ONTHS DATS HOURS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 76 CITIZEN OF WHAT MARRIED NEVER MARRIED COUNTRY) o mons WIDOWED DIVORCED OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTR MATERIA ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 21221 13d INSIDE CITY LIMITS? 130.STREET ADDRESS / ZIP CODE 136 COUNTY YES E NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 133 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MIWITT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NOP YES [ NO F Hyg 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 ž 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE AT WORK 22a I certify that we this hospital attended the deceased from and that in (m) (our) opinion death occurred on the date and have and from the causes stated obove (1) (we) (did ) did not) view the bady after death. 22¢ DATE SIGNED 226. SIGNATURE DEGREE ATTENDING \* FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME should b IMPORT! 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMEJERY OR CREMATORY (SPECIFY) DURIAL 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)



00-2212

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REGISTRAR				CERTIF	ICATE OF	DEATH	0	REG. N	10.	. O	13	13 14	
	1. DECEASED NAME				į	AST		2a. DATE OF	DEATH	MONTH	OAY	YEAR	26 HOUR P	
	(TYPE OR PRINT)	Ann	н.		Crist					10	25	86	7:15 M	
1	3. SEX	- 4	RACE		5. DATE C			6 AGE (INY	EARS LAST BIT	RTHOAY]		ERTYEAR	IF UNDER 24 HRS	
	Female			ite	Oct		00	8		YRS		ONTHS DAYS HOURS MIN		
	To. BIRTHPLACE (STATE OR	FOREIGN 7	6 CITIZEN OF	EN OF WHAT COUNTRY?				9 BALTIMO				EATH		
1	Maryland		US	SA .	WIDOWE		MORCED	Bal	timor	re Ci	ty		MD.	
)	10 CITY OR TOWN OF DE	ATH ,	(IF NOT IN SUC	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Agnes Hospital					occupat exformost of ales			KIND O	F BUSINESS OR	
	Baltimore USUAL RESIDENCE (IF NUR	ISING HOME OF C							44.00	-			21201	
5	130 STATE	136 COUNT	TY	13c. CITY OR TOW		13d. INSIDE		13e.STREET					21201	
4	Maryland	- Control of the Cont		Baltimore	9	YES 🔀	NO 🗌		v. Pri	att S	stree	et, A	pt. 215	
	14 FATHER'S NAME	M	MDQLE	LAST		15. MOTHER	S MAIDEN NAM	ME	MIDDLE			LAST		
ğ	James		E.	Florence							Gill			
ī	160 WAS DECEASED EVER			Harman	RITY NO.	17. INFORM			ADDR	ESS		01.4.		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES]	217 00	71 47	NTorra 1	T	- 022	ED T	I I	01			
	No	No   217-09-7147   Nora Horvaith, 833 W. Pra								ratt	Stre		MATE INTERVAL	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  CARDIORESPINATORY ARREST  DUE TO, OR AS A CONSEQUENCE OF HEMORIAAGE  DUE TO, OR AS A CONSEQUENCE OF  (c)														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
7	190. DATE OF OPERA	ATION	19b. CONDI	ONDITION FOR WHICH OPERATION			DRMED	20a AUTO			ES, WERE FINDINGS USED			
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		21d INJURY OCCURRED 21e PLAC				211. LOCAT								
	WHILE NOT W	VHILE	LAT HOME, STR	EET, FACTORY, OFFICE, F.					CITY OR TO	OWN		YTAUC	STATE	
	220.1 certify that (I saw the decea obave, (I) (we)	sed alive an _	Oct a	19 8	77	ad that in (my	, 19	, to death occurre	ed an the c	date and h	19C		that (I) (we) last causes stated	
	22b. SIGNATURE	an	Men	lex in	.0.	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		/ 2	DATE OUT	25,1981	
-	AND DUVERCHANCE	LAAAE JUNE OR	0010151	7		122. ADDDE	cc							

BP.

TO FUNERAL DIRECTOR: hould be detached MPORTANT:

DHMH - 16 60M 7/B4 (VRA 15, 4)

Or Oscar Mendez 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 10/28/86

900 S. Caton Avenue, Baltimore, Md. 21229 23c NAME OF CEMETERY OR CREMATORY

Howard

23d LOCATION
CHYORTOWN
Elkridge Maryland Park 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Meadowridge Mem. 21229 Burial 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

40.00

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH DAY (TYPE OR PRINT) OF ESTI-Crunkilton Helen 10-12 10 86 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE DAY LAST BIRTHDAY PRONOUNCED 10-12 1986 Eemale. White 4-1-1929 57 a. M BIRTHPLACE (STATE OR THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, Maryland USA WIDOWED XX DIVORCED CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IVE STREET ADDRESS) University Hospital -Baltimore Machinist- Black and Decker 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Carroll Finksburg 1 E. Louise Place 21048 NO X 4. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE Shields Virginia Arthur Leo Gertrude Zimmerman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS MD Manchester 21102 214-24-4441 Mrs. Wilma Bentz 2626 Bert Fowler Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) IMMEDIATE CAUSE (o) Multiple Injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES . NO XX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY (APPLOX ) IT HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 9:10P.M. 9-14 1986 driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK THE AT WORK XX Rt. 26 & Bushey Rd., Winfield, Carroll Co., Md. road PA( TO FUNERAL DIRECTOR: N AFTER DEATH, WITH THE ST. BALUMORE, MARYOAND, 2 Autopsy XX 220 I certify that what are of the remains described above, held an Inspection ...... and in my apinion Accident XX death resulted from Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL 10-12-86 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 21201 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Mt. Olive Cemetery 10-15-86 Randallstown Baltimore Burial 07/84 25M 24 FUNERAL DIRECTOR Loring Byers Euneral Directors, Inc 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) 8728 Liberty Rd. Randallstown, MD 21133

STATE OF MARYLAND

